

# STENWOOD PTA PRESENTS CREATIVE BEADING



**CLASS** This is an art and craft class where children get to create their very own unique beaded jewelry. The projects in this class are: Beading Pattern Bracelets; Making Paper Beads; Exploring Symmetry with a Butterfly Pendant and Necklace; Monochromatic Bracelets; Floating Bead Necklace; and a Memory Wire Project. All Materials and instruction are included in the class fee.

**Grades:** k-5th Boys and Girls

**Min:** 3 **Max:** 10

**Number of classes:** 8

**Dates:** 9/23, 9/30, 10/7, 10/14, 10/21, 10/28, 11/4, 11/11

**Fee:** \$160

## MEDICAL CONSENT AND WAIVER OF LIABILITY

Insurance Company: \_\_\_\_\_  
Health History (Check all that apply) Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Hay Fever \_\_\_\_\_ Penicillin \_\_\_\_\_ Seizures \_\_\_\_\_ Allergies \_\_\_\_\_  
Other: \_\_\_\_\_ Medications \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

I hereby grant permission for my son/daughter to participate in all soccer related activities with the KSS Programs clinic. I hereby release, discharge and/or otherwise indemnify KSS Programs, their employees and associated personnel against any claim by or on behalf of me as a result of my child's participation. I understand that my insurance provider is primary to KSS Programs insurance which is only a secondary insurance. In addition, in the event that I can not be reached, I hereby give permission to the KSS Staff to obtain appropriate medical treatment for my child. I have read and fully understand all aspects of this form and consent to this waiver of liability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents: The school clinic is not open during after school programs and epinephrine is not available. If your child might suffer an anaphylactic allergic reaction and need epinephrine, please make arrangements for a trained adult to attend the after school program with your child's Epi-Pen at the ready. Your PTA wants to make sure your child is safe.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Grade and Teacher \_\_\_\_\_

Parent's Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Arrival/Departure information (check one)

My child will be picked up by \_\_\_\_\_

My child arrives from SACC and returns to SACC

Parent/Guardian's signature \_\_\_\_\_

GO TO [WWW.KSSPROGRAMS.COM](http://WWW.KSSPROGRAMS.COM)

click on the **STENWOOD PTA** tab to register online

Or you may complete the form below and drop it along with payment at the school's main office. For any questions

about the programs please

call us at (202) 679-1389 or

e-mail: [info@kssprograms.com](mailto:info@kssprograms.com)

CHECKS CAN BE MADE TO

**KSS PROGRAMS**