

# Day Camp Registration



Dates:  11/24     11/25

Locations:  Labay Middle School     Jowell Elementary School     Rennell Elementary School  
15435 Willow River, Houston 77095    6355 Greenhouse Rd., Katy 77449    19500 Tuckerton Blvd., Cypress 77433

A. Robison Elementary School     Matzke Elementary School     Bang Elementary School  
17100 Robison Woods Rd., Cypress 77429    13102 Jones Rd., Houston 77070    8900 Rio Grande, Houston 77064

**There is a maximum number of students that can enroll. Enrollment is granted on a first come basis and is open to all CFISD students.**

**Ages:** Kindergarten through 8<sup>th</sup> Grade  
**Cost:** Registration (Through November 17<sup>th</sup>):  
 \$25.00 per child per day non-members, \$20 per child per day for members of Club Rewind  
 Late Registration (After November 17<sup>th</sup>) – an additional \$15.00 per child, per day  
**Deadline:** November 17<sup>th</sup> (Enrollment received after deadline is not guaranteed)  
**Hours:** 6:15 a.m. – 6:30 p.m.

**CHILDREN MUST BRING A LUNCH, WHICH DOES NOT REQUIRE REFRIGERATION OR HEATING. QUESTIONS? CALL (281) 807-8900.**

For more information, please call (281) 807-8900.

Please return one form per child through one of these options:

- 1) Club Rewind program at your child's elementary school through November 17<sup>th</sup> (before/after-regular school hours)
- 2) CFISD Community Programs located at 22602 Northwest Freeway, Suite 1; Cypress, TX 77429  
 Hours of main office: 6:30 a.m. to 6:30 p.m. \*drop box available for evenings/weekends (through noon on November 21<sup>st</sup>)  
 Onsite registration will be accepted at the campus on the day of the camp, with the late fee (space permitting)
- 3) Mail: we cannot be held responsible for any delays

**DO NOT return the form to your child's teacher or school office.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Regular School Campus: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ DL# \_\_\_\_\_

Cell Phone / Other Emergency Phone: \_\_\_\_\_

Special Instructions/ Needs/ Allergies: \_\_\_\_\_

\*\*If a child's needs are greater than can be met in a 1:16 (staff-to-child) ratio, Club Rewind is not a suitable option for care.

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility staff or person in charge to take my child to the closest medical facility. I give consent for this facility to secure any and all necessary emergency medical care for my child: **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I recognize the parent guide is available on line at [www.cfisd.net](http://www.cfisd.net) and I will be accountable for all program guidelines. \_\_\_\_\_ **initials**

I recognize that if my child's behavior becomes severely disruptive or unsafe to him/herself or others, or my child does not respond to intervention, I will be called to pick him/her up immediately and will not be reimbursed. \_\_\_\_\_ **initials**

If I arrive after 6:30 p.m. to pick up my child, I recognize I will be charged a late pick up fee of \$1 per minute per child starting at 6:36 p.m. \_\_\_\_\_ **initials**

Please list all persons who are authorized to pick up your child. Your child will only be allowed to leave with the persons named. They will be required to show proof of identification. In the event of an emergency, the following persons may also be contacted:		
Name / Relationship	Driver's License	Phone Number(s)

**Parent Email Address:** \_\_\_\_\_ (Club Rewind will email confirmation of enrollment.)

**Be sure to include a check or money order payable to: CFISD Club Rewind. A valid phone number must be listed on the check. After November 17<sup>th</sup>, payments are non-refundable and non-transferable.**

(Club Rewind Use Only, Clerk is to complete if turned in at a campus) Check # \_\_\_\_\_ Check amount \$ \_\_\_\_\_ Accepted by \_\_\_\_\_

# CLUB REWIND BASKETBALL



Limited space available!  
A wait list may be maintained.



Office of Community Programs

For Office Use Only:

Check # \_\_\_\_\_

Amount \_\_\_\_\_

Received By \_\_\_\_\_

Date \_\_\_\_\_

**Club Rewind ROCKS Basketball** is a new program offering leadership skills through sports classes after school! The program is open to any student at the specified campus (regular membership in Club Rewind not required). Through basketball, the students will build traits, such as a positive work ethic, confidence, sportsmanship and much more! Current and former professional basketball players, as well as NCAA student athletes will guest speak and coach throughout the five week session.



Sampson  
Elem



Every Tuesday from  
Nov. 4 - Dec. 9, 2014



3:30pm-4:30



Students K-5



\$85 Course Fee  
\$15 Registration Fee

Please complete the enrollment information below and return to the Office of Community Programs (22602 Northwest Freeway, Suite 1, Cypress, TX, 77429) with a check or money order made payable to **CFISD ROCKS Basketball** by **October 30, 2014 at 12:00pm.**

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_ Grade Level/Teacher: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Special Needs/Instructions/Allergies: \_\_\_\_\_

**Transportation Information:** (Please initial one of the following.)

My child is enrolled in Club Rewind.  My child will be picked up by a person (listed below) at the end of class.  
 My child will ride his/her bike or walk home. I recognize that if my child is a biker/walker, he/she is not directly under the care and supervision of CFISD staff once he/she leaves district property.

**Authorized Pick-Up List:** (Please list all persons authorized to pick up your child. Your child will only be allowed to leave with the persons designated below. They will be required to provide photo identification.)

Name	Driver's License	Phone Number

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the facility staff or person in charge to take my child to the nearest hospital. I give consent for this facility to secure any and all necessary emergency medical care for my child.

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

I recognize that in the event my child's behavior becomes severely disruptive, unsafe to him/herself or others, or my child does not respond to intervention, I will be called to pick him/her up immediately and I will not be reimbursed for payment. \_\_\_\_\_ **Initials**

\*I recognize that the enrollment fee is non-refundable and tuition is non-refundable after the deadline. \_\_\_\_\_ **Initials**

I recognize that my child must be picked up promptly at the end of class. I am given a 5-minute grace period; however, I recognize that I will be charged a late pick up fee of \$1 per minute per child starting on the 6th minute regardless of the reason late. \_\_\_\_\_ **Initials**

The above information is true and correct. I will notify the program staff in the event my child's information changes.

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





**FUN, FITNESS & MORE FOR KIDS.**

**AMAZING KIDS MARTIAL  
ARTS CLASSES NOT ONLY  
TEACH SELF-DEFENSE...  
BUT GIVE KIDS THE TOOLS  
THEY NEED FOR SUCCESS  
IN LIFE.**

From improved concentration, to goal setting, to fun & fitness - children emerge changed for life.

## **A LOOK INSIDE OUR CLASSES...**

### **SUPER-FUN, HEALTHY EXERCISE.**

Martial arts is a great workout - keeping your child healthy, fit & strong. And our fun approach to exercise helps kids develop great exercise habits for life.

### **SELF-DEFENSE FOR PEACE & SAFETY.**

Ancient techniques will keep your child safe & sound. Kids also learn how to thwart bullies, stand up for themselves, & resolve situations before they ever escalate. Diplomacy always comes first.

### **LIFE SKILLS FOR A BRIGHT FUTURE.**

Practice & training teaches kids the value in hard work. Advancing from one belt rank to the next teaches goal setting. And focusing on learning just one thing at a time teaches focus. And that's just the beginning.



**FREE UNIFORM WITH OUR TRIAL PROGRAM!**

Register Now at [www.HoustonMMAClasses.com](http://www.HoustonMMAClasses.com)

CLASSES  
FOR  
STUDENTS  
AGES 4 & UP



Wednesday nights  
at 6:30 pm  
Kinder - 8th grade



Fountain of Life  
15010 Mueschke Rd.  
**281-373-9337**

This activity is not related to or sponsored by CFISD.

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