

**4<sup>th</sup> QUARTER**

Tuesday, April 02 - Tuesday, June 04, 2024

Charged on 04/15/02

Please indicate the activities your student is enrolling in below. Course descriptions are on [www.ilovepca.com](http://www.ilovepca.com).

<u>CLUB</u>	<u>DAY AND TIME</u>	<u>Q4 FEE</u>	<u>INSTRUCTOR</u>	<u>GRADE</u>	<u>MAX CAP</u>
_____ PRESCHOOL SPORTS	Monday 12:30 - 1:15 PM	\$125	Jennifer Diaz	K3	15
_____ PRESCHOOL SPORTS	Monday 1:30 - 2:15 PM	\$125	Jennifer Diaz	K4	15
_____ PRESCHOOL DANCE	Monday 3:00 - 4:00 PM	\$150	Janill Mateo & Jessica Garcia	K4 - 1st	30
_____ KEYBOARD CLASSES	Tuesday 3:00 - 4:00 PM	\$135	Cory Smalley	1st - 5th	8
_____ CHEERLEADING (JV)	Tuesday 3:00 - 4:30 PM	\$150	Jackie & Hannah Toombs	1st - 3rd	30
_____ GYMNASTICS	Wednesday 12:30 - 1:15 PM	\$125	Jennifer Diaz	K3 - K4	30
_____ GYMNASTICS	Wednesday 3:00 - 4:00 PM	\$125	Jennifer Diaz	K5 - 5th	25
_____ CHEERLEADING (V)	Wednesday 3:00 - 4:30 PM	\$150	Jackie & Hannah Toombs	4th - 8th	30
_____ CHEERIOS CHEERLEADING	Thursday 3:00 - 4:00 PM	\$125	Jackie & Hannah Toombs	K4 - K5	30
_____ ARTS & CRAFTS CLUB	Thursday 3:00 - 4:00 PM	\$150	Laura Cruz	K5 - 5th	15
_____ DANCE	Friday 3:00 - 4:00 PM	\$150	Janill Mateo & Jessica Garcia	2nd - 8th	30

**PCA Disclaimer:** This program is non-refundable and will not be prorated. Communication regarding fees should be directed to [finance@ilovepca.com](mailto:finance@ilovepca.com). Communication regarding the class takes place between the instructor and family directly. Class sizes are limited and are first-come, first-serve basis. Students who are out of school sick may not participate in the afterschool activity. All participating students must have a registration form completed and on file with the finance department. **PCA Liability:** I, \_\_\_\_\_, will not hold PCA or any faculty member responsible for any accidents or injuries that take place as a result of normal class participation.

**Class Registration Form**

Child's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_ Return to Aftercare: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Total Amount Charged : \_\_\_\_\_

Parent Signature: \_\_\_\_\_

*If you're picking up your PRESCHOOL child after class, please meet under the black awning.*