

CLASSES MEET RIGHT AFTER SCHOOL UNTIL 4:30 UNLESS OTHERWISE NOTED

MONDAY February 1st, 8th, 22nd, March 1st, 8th, 15th

EXPLORING SCIENCE GRADES: 4-6 FEE: \$ 90.00

This Mad Science after-school program presents a variety of science topics from chemistry to space then to the world of detective science. Students will explore the sun and stars; will learn about the science of forensics; and will check out some cool chemical reactions. Instructor: Mad Science www.madscience.org. Minimum 10/maximum 20 students.

WEDNESDAY - January 27th, February 3rd, 10th, 24th, March 10th, 24th, 31st April 7th

BEGINNERS CHESS GRADES: 4-6 FEE: \$105.00

Did you know that children who learn chess gain increased concentration skills, improved self-esteem and self-discipline, improved decision-making skills, increased math and science scores all while having fun playing one of the oldest and challenging games in history. The International Chess Institute, considered the most successful chess institute in New England, is bringing their talented team of coaches to Topsfield to begin an after-school chess club. For more information about ICI visit www.internationalchessinstitute.org. Minimum 6/maximum 15 students

THURSDAY - January 28th, February 4th, 11th, 25th, March 4th, 11th

JUST FOR GIRLS GRADES: 4-6 FEE: \$90.00

As girls enter adolescence, they are more reluctant to assert themselves and take credit for their accomplishments. Promoting leadership is about nurturing self-confidence. This workshop gives girls the opportunity to develop skills such as goal setting, time management, organization, decision making and problem solving, assertiveness, positive self-talk, public speaking, and stress management. Fun, positive sessions provide a supportive environment in which girls feel free to express themselves and experiment with their leadership identities. This class is facilitated by Deb Dunham, Boxford resident and author of *Tween You and Me: A Preteen Guide to Becoming Your Best Self*. For more information, please visit her website: www.trueinnerstrength.com. Minimum 6/maximum 15 students.

***** CUT HERE *****

PROCTOR SCHOOL REGISTRATION

Registrations due no later than **Thursday January 21st!** Mail completed registration form along with a *separate* check for each class you select. Please make check(s) payable to the **TRI-TOWN COUNCIL**. Classes will be filled on a first-come, first-serve basis. **All classes have minimum enrollment requirements in order to run.**

Student Name: _____ Parent/Guardian Name: _____

Parent/Guardian Email: _____ Phone: _____

Address: _____ Bus: _____

Classroom Teacher: _____ Grade: _____

Emergency Contact: _____ Phone: _____

Course Title: _____ Day: _____

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I, on behalf of my child, hereby indemnify, release, hold harmless, and forever discharge the Tri-Town Council, and its agents, employees, officers, directors, affiliates, successors, and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages, and liabilities, or every kind and nature, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my or my child's participation in any activities conducted by, on the premises of, or for the benefit of, the Tri-Town Council; provided, that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful, or wanton misconduct.

SIGNATURE REQUIRED ON REVERSE



PROCTOR SCHOOL
HORIZONS Winter 2010

REGISTRATION DUE 1/21/2010

***** CUT HERE *****

In the event I am unable to authorize medical decisions for my child or I cannot be reached on behalf of my child, I authorize and direct any adult activities sponsor, or group leader representing the Tri-Town Council to make emergency medical decisions for my child.

Medical conditions: My child is subject to the following allergies or medical conditions, and I authorize the representatives of the Tri-Town Council to disclose such allergies and medical conditions to the Horizons program teacher and to a physician in the event that my child should require emergency medical care. Describe allergies or medical conditions with specificity.

I understand the terms above and I have willingly signed it as my own free act.

Parent Signature: _____ Date: _____

Photo Release (please check and initial): I hereby give permission _____ I do not give permission _____ for my child to be photographed for use by either the Tri-Town Council or by the Horizons teacher for program publicity.

Please mail registration form & payment to:

Tri-Town Council. 49 Main Street, Topsfield (978-887-6512)
Questions? Contact Lisa Teichner lteichner@tritowncouncil.org