

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

MONDAY - February 1st, 8th, 22nd, March 1st, 8th, 15th, 22nd, 29th

BEGINNERS CHESS GRADES: 3-6 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 Boxford to begin an after-school chess club. For more information about ICI www.internationalchessinstitute.org. Minimum 6/maximum 15 students.

TUESDAY - January 26th, February 2nd, 9th, 23rd, March 2nd, 9th, 23rd, 30th

KICKS FOR KIDS! Martial Arts Made Fun GRADES: 3-6 FEE: \$105.00

This 8-week program run by Modern Defense Martial Arts School of Georgetown introduces students to the ABC's of self-protection and life: Attitude, Behavior and Character in a safe and fun environment. Mastering these essentials will help students achieve their fullest potential at school, in sports and their activities throughout life. Class Instructor is Sensei Larry Ruisi www.modern-defense.com. Minimum 6/maximum 15 students.

WEDNESDAY - January 27th, February 2nd, 9th, 23rd, March 3rd, 10th

EXPLORING SCIENCE GRADES: 3-6 FEE: \$ 90.00

This 6 week after-school program will present a variety of science topics from chemistry to space then off to the world of detective science. Students will explore the sun and stars; learn about the science of forensics; and check out some cool chemical reactions too! Instructor: Mad Science www.madscience.org. Minimum 10/maximum 20 students.

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

BEGINNERS SEWING GRADES 3-6 FEE: \$85.00

This 4 week course is an introduction to sewing which provides an overall life skill for your child. Students will learn about patterns, sewing on a machine and sewing by hand. Each week students will make something new to take home: a fleece scarf, reading pillow, valentine heart bag, barrettes, and a bird/butterfly mobile. Minimum 6/maximum 8 students. This class is taught by Boxford resident Rebecca Kelly.

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

Registrations due no later than **Wednesday January 20th!** 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. Spofford School Registration**

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.

Continued on reverse...Signature Required.



SPOFFORD SCHOOL
HORIZONS WINTER 2010

Registration Due by 1/20/2010

***** 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