



# HOCKOMOCK AREA YMCA & NORTH ATTLEBORO PUBLIC SCHOOLS E.A.S.E. Program (Elementary After School Experience)



**Registration: February 1 - 28**  
**Classes Run: March 5 - April 13**

## Flag Football

Kids will have a blast learning the skills and techniques of flag football, and game play with their classmates. Emphasis is on fun, sportsmanship and learning.

### **Roosevelt School:**

- Grades 1-3 Tuesdays @ 3pm
- Grades 4-5 Fridays @ 3pm

### **Community School:**

- Grades 1-3 Wednesdays @ 3pm
- Grades 4-5 Thursdays @ 3pm

## Mixed Media Art

Kids will use their imagination to create cool projects while learning true art techniques through the manipulation of various mediums such as clay, watercolors, charcoals, acrylics, and more.

### **Community School:**

- Grades K-3 Tuesdays @ 3pm

### **Roosevelt School:**

- Grades K-3 Wed. @ 3pm

## Rocketry

Students will focus on building a rocket while learning about space, aerodynamics, force, and much more. During the last sessions, participants will partake in a rocket launching competition.

### **Community School:**

- Grades 4-5 Fridays @ 3pm

### **Roosevelt School:**

- Grades 4-5 Thurs. @ 3pm



## IMPORTANT DETAILS

- Classes will not be held on early release days
  - Space is limited; supplies are included
  - All classes are 45 minutes long
  - YMCA Membership NOT required
  - **DO NOT** send payments to the school
- Please return payments to the Hockomock Area YMCA by February 28, 2018. We are located at 300 Elmwood Street, North Attleboro.

Students attending any No. Attleboro public school are eligible to sign up for classes at any location.

## CONTACTS

**Katie Moore**  
508-695-7001  
katiem@hockymca.org

**Joe Halus**  
508-695-7001  
joeh@hockymca.org



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# HOCKOMOCK AREA YMCA E.A.S.E. REGISTRATION FORM

Sign my child up for the EASE Program offered at the following School:

Roosevelt School       Community School

Program:

Flag Football     Multi Media Art     Rocketry

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

School Child Attends \_\_\_\_\_ Teachers Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email (to receive program updates): \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_

List any special needs / medical conditions that we should know \_\_\_\_\_

*\*We do not have access to medications in the school nurse's office during the time of the YMCA program. If medication is or may be necessary, please indicate so that we can follow up to make arrangements.*

### Parent / Guardian Agreement:

I hereby certify that this child is in good health and is capable of participating in the Bernon Family YMCA/ BASE Enrichment Program. I hereby authorize the YMCA to obtain medical treatment for my child/ren in the event that the parent and emergency contact person cannot be reached. I agree to hold free from all claims for damages the YMCA BASE Program and its officers, directors, members, employees, agents or volunteers and release them from any liability for any injury that I or my child might sustain while participating in the activities listed on this form.

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

The following Individuals along with the Parent/ Guardian and Emergency Contacts may pick-up your child (MUST show photo ID).

\_\_\_\_\_  
\_\_\_\_\_

### Please return forms and payment in person or mail to:

North Attleboro YMCA, 300 Elmwood Street, North Attleboro, MA 02760 Attn: Katie Moore

**\*\*\*\*PLEASE DO NOT RETURN THIS FORM TO YOUR CHILD'S SCHOOL\*\*\*\***

### Please choose program registering for:

Flag Football **\$65.00**     Mixed Media Arts **\$65.00**     Rocketry **\$65.00**

Check this box to receive \$30 off each class if your child is currently enrolled in the Hockomock Area YMCA School's Out Program.

### Please choose payment option:

Cash     Check (Payable to Hockomock Area YMCA)     Credit Card (please enter number below)

Card Type \_\_\_\_\_ Card Number \_\_\_\_\_ Exp \_\_\_\_\_ CCV# \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Card Holder Signature \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_