

Trinity PTA presents our Rise and Shine Program

Come join our morning enrichment program,
Rise and Shine! Our hour long program will take
place Monday –Friday from 7:00 AM-8:00 AM.



Daily activities include computer, reading, math and other educational activities.
STARTS Thursday September 6th, 2018.

Payments must be made prior to attending:
Fee: \$10.00 per day, \$40.00 per week or \$130 per full month

Please make check or money order to Trinity PTA. Payments (check, money order or cash) and send in
with your child

Please contact us at ptatrinity@gmail.com with any questions or concerns

Please note: No cash will be accepted by the program supervisors on the day the program is needed.

To be completed by Parent/Guardian –  Please print clearly

Name of Student: _____ Grade: _____ Teacher: _____

Days of the week attending:

Monday Tuesday Wednesday Thursday Friday ALL 5 Days

Payment enclosed:

\$10 per day by _____ days = \$ _____ \$40 per week \$130 per month

Permission:

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my Son/Daughter myself, my heirs, executors and administrators remise, release and forever discharge Trinity Elementary 18-187 , New Rochelle PTAC, WEPR PTA and the New York State Congress of Parents and Teachers Inc., and all PTA officers, employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify that the minor is my _____ (Son/Daughter) and that his/her date of birth is _____. I do hereby certify that to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise that the above named minor has had all the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. (If none, please write the word “none”.)

Signature: _____ Date: _____

Print Name: _____ Phone/Cell: _____

Email: _____

**Please like us on Facebook, “Trinity PTA Elementary School PTA”
www.ptatrinity.org**