

Trinity Elementary PTA 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.

Each day the students will engage in computer-based activities, reading, math and other educational activities. There is limited space in Rise and Shine so first come, first serve. This program will begin on Monday, September 13, 2021 and is continuous until the end of the school year.

Payments can be made monthly via cash, check or online:

<https://trinitypta.memberhub.com/store/items/462807>

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) should be placed in an envelope with your child's name, teacher and grade.

Please contact Brooke Mueller at BrookeRMueller@gmail.com or 914-325-1466 with any questions.

To be completed by Parent/Guardian –  Please print clearly

Name of Student: _____ Grade: _____ Teacher: _____

Days of the week attending:

Monday Tuesday Wednesday Thursday Friday ALL5Days

Payment enclosed:

\$10 per day _____ 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" or leave blank.)

Signature: _____ Date: _____

Print Name: _____ Phone/Cell: _____

Email: _____