

Mr. Tone KREATIVE THINKERS

After School
Learning Fun
at
MIS



Time:
3:45 PM to 5:00 PM
MIS Aftercare Available
Contact MIS

2018-2019

Tuesday's Chess & Quarto

- Competitive play
- * In-school tournaments
- Strategic lessons

Session 1

Aug. 14 - Oct. 2

Session 2

Oct. 16 - Dec. 18

Session 3

Jan. 8 - Mar. 5

Session 4

Mar. 12 - May. 21

Wednesday's Performing Arts Day

Each session will offer theatre, voice,
visual components.

Session 1

Aug. 15 - Oct. 3

Session 2

Oct. 17 - Dec. 19

Session 3

Jan. 9 - Mar. 6

Session 4

Mar. 13 - May. 22

Sessions Cost: \$150.00
Information and Register online at
www.KreativeThinkers.com

Contact: [Mr. Tone](mailto:mrtonemis@gmail.com) Lane at 404-822-0352
mrtonemis@gmail.com



Kreative Thinkers After School Program with Mr. Tone
Is an independent program not affiliated with Midtown International School.

After School Program Registration Form

It is important to provide complete registration information.

Student Information:

STUDENT'S NAME (FIRST AND LAST): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARTICIPANT DATE OF BIRTH: _____

SCHOOL : _____ CURRENT GRADE: _____

Please inform us of any special needs, medications, food restrictions, conditions or allergies that we need to know about.

Parent/Guardian(s) Information:

PARENT/GUARDIAN(S) NAME: _____

CELL: _____ HOME PHONE: _____

EMAIL: _____

EMERGENCY CONTACT:

FIRST NAME: _____ LAST NAME: _____

CELL PHONE: _____ ALTERNATE PHONE: _____

WHO IS AUTHORIZED TO PICK UP YOUR CHILD?

(Please note: Authorized persons must be an adult or an older sibling in high school or above.

We will only allow your child to leave with the people you list here. PEOPLE AUTHORIZED TO

PICK-UP: Yes, My child goes to MIS aftercare: (Initial) _____

1. _____ 2. _____

3. _____ 4. _____

Class is over at 5:00 PM. Please pick up your child on time. If you are going to be late please call: Tone Lane at 404-822-0352. If your child is to transfer to another program or will be in the care of the school or designated authorized adult, please provide that information here:

PARENT/GUARDIAN(S) NAME: _____

CELL: _____ HOME PHONE: _____

EMAIL: _____

PAYMENT

All payments are due between the 1st and the 5th day of each month. Please make checks payable to Kreative Thinkers. Don't forget to include your child's name on the check.

www.KreativeThinkers.com



Student Enrollment / Student Information:

Which program is your child enrolling in?

- ☐ **Tuesday's: Strategy Games**
- ☐ **Wednesday's: Performing Arts Day**

The focus of Kreative Thinkers programs is to teach children new skills, develop skills they have and work together in a positive-fun setting. Unless instructed to, devices such as ipads, tablets, game devices will not be used. Class/student conduct: *Positive words and actions* is the standard for class conduct. Parent/Guardian and student signatures are required to acknowledge and agree to abide by this policy.

Parent/Guardian _____ Student _____

What information such as food restrictions, limitations, medicines, etc. would you like to share about your child?

Permission granted to participate and hold harmless agreement:

I agree to waive and release Kreative Thinkers LLC, its officers, agents, and employees from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my child's (or my) participation in Kreative Thinkers after school program or any illness or injury resulting there from. I further agree to indemnify and hold harmless Kreative Thinkers LLC from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from willful misconduct on the part of Kreative Thinkers LLC and its employees.

I understand and agree that by signing this waiver, I am freeing Kreative Thinkers LLC its officers, agents, or employees from any liability resulting from my child's (or my) participation in this activity. I give Kreative Thinkers LLC my permission to photograph me or my children participating in the programs for use in only as it pertains to in-house program publicity, posters, flyers program email publicity and will not seek compensation for such.

I hereby grant permission for my child to participate in Kreative Thinkers After School Programming and represent that I understand and am familiar with the nature of activities in which my child will participate and have personally read and understand this Release.

Parent/Guardian _____ **KreativeThinkers.com**