



Community Education at QCMS

Are you bored everyday by 4:00? Don't have enough "friend time" during the day? We have the solution for you! Join one of our fun, exciting after school classes. Sign up quickly at the District Office (unless otherwise noted) as space is limited! Questions? E-mail Lauren Tauscher: ltauscher@qcusd.org OR call 480-987-5900 x7459.

Class	Day-Time	Class Description
<p>Cooking – Focus on Baking \$50 (includes all materials)</p> <p>Class minimum: 10 students Class maximum: 16</p> <p>Registration Deadline 4/6/15</p>	<p>Wednesdays (4/8, 4/15, 4/29, 5/6)</p> <p>No class on Early Release Days</p> <p>Mrs. Purcell (Rm. A-8) 3:30-4:30 pm</p>	<p><u>This class will have new projects.</u></p> <p>This class provides an overview of basic cooking techniques in a real working kitchen. Students have access to a stove top, oven and other basic kitchen tools.</p> <p>A new food will be prepared weekly: dill pickles, pasta salad, cinnamon rolls and bread.</p>
<p>Basketball \$70 Class Minimum: 10; Class Maximum: 20</p> <p>Register for this class at www.phoenix.1on1basketball.com</p>	<p>Thursdays (4/9 – 5/14) – 6 sessions</p> <p>Gym</p> <p>3:30-4:30pm</p>	<p>Individual skill development in a safe and fun environment. This the perfect class for both beginners and experienced players wanting individual coaching not often seen in league play. Please dress appropriately for physical activity. This class is open for boys and girls.</p> <p>Register for this class at www.phoenix.1on1basketball.com</p>
<p>Floor Hockey \$70 Class Minimum: 10; Class Maximum: 20</p> <p>Register for this class at www.phoenix.1on1basketball.com</p>	<p>Tuesdays (4/7-5/12) – 6 sessions</p> <p>Gym</p> <p>3:30-4:30 pm</p>	<p>Try something New! Floor hockey is a version of ice hockey and field hockey. Focus during this class will be on fundamental hockey skills – shooting, passing, general rules and good sportsmanship.</p> <p>Register for this class at www.phoenix.1on1basketball.com</p>
<p>Spikeball \$50 Class Minimum: 10 Class Maximum: 15</p> <p>Registration Deadline: 4/2/15</p>	<p>Mondays (4/6-5/11) – 6 sessions</p> <p>Gym</p> <p>Mrs. Elliot 3:30-4:30 pm</p>	<p>Try out this new sport that is a fun spin on volleyball and foursquare. It is played 2 vs. 2. Class will learn the rules of the game, practice and end with a Spikeball tournament. This class is taught by Mrs. Elliott.</p>
<p>Dance/POM \$40 Class Minimum: 10</p> <p>Registration Deadline: 4/8/15</p>	<p>Fridays (4/10-5/8) – 4 sessions No class on 4/24</p> <p>Gym</p> <p>3:30-4:30 pm</p>	<p>The QCHS Varsity Pom Team and their coaches will instruct participants on dance technique including jazz, hip hop and pom technique focusing on rhythm, coordination, turns, jumps, flexibility and Fun! There will be an amazing routine to show family and friends on the last day of class!</p>
<p>Robotics \$94 Class Minimum: 10 Class Maximum: 15</p> <p>Registration Deadline: 4/8/15</p> <p>Register for this class at www.BonanzaEd.com/go/QueenCreek</p>	<p>Fridays (4/10-5/15) – 6 sessions</p> <p>Cafeteria</p> <p>3:30-4:30 pm</p>	<p>Build and program LEGO Mindstorm Robotics! Using the LEGO Mindstorm system (NXT+EV3), LEGO Technic system, Apple MacBook and iPad tablets, students will work individually and in team challenges to design, build, and program basic LEGO robots. This class will open your child's eyes to how Science, Technology, Engineering and Math (STEM) can improve the world.</p> <p>Register for this class at www.BonanzaEd.com/go/QueenCreek</p>

There are no classes scheduled on holidays or early release days. Please note locations and times of each class. *Please make all payments at the QCUSD District Office (unless noted otherwise) two business days prior to the class beginning.*

For more information, please go to the Community Education page at www.qcusd.org

QCUSD 2014-2015 Enrichment Class Registration Form

Enrichment Class Name: _____

Session/Date: _____

School: QCMS

Total Paid: _____ Cash Check # _____ Money Order Bill Pay Confirmation # _____

Make checks payable to "QCUSD".

Please make payments at the District Office (unless noted otherwise), or mail to: 20217 E. Chandler Heights Road, Queen Creek, AZ 85142

_____ I acknowledge refunds for Community Education programs will only be given due to cancellation of program or medical release by a licensed medical practitioner. **No refunds will be given for any other reason.**

After Class, release my child to _____ Parent Pick up _____ Discovery Kids _____ Walk/Bike Home

Child Name First _____ Middle _____ Last _____

Address _____ City _____ Zip _____

Birth Date _____ Grade _____ School _____

Does Child Have an Individual Educational Plan? Yes _____ No _____

I authorize QCUSD Special Education Department to release my child's IEP to QCUSD Community Education Department. (Optional)

Signature: _____ **Date:** _____

Does your child have any known allergies, asthma, diabetes, seizures or other medical concerns? Yes _____ No _____

Are there any safety concerns our staff should be aware of? Communication, Wanders off, etc.?

Parent/Guardian:

Name _____ Relationship to Child _____

Phone _____ Work Phone _____ Email Address _____

Spousal Information (if applicable):

Name _____ Relationship to Child _____

Phone _____ Work Phone _____ Email Address _____

Parent Agreement

- 1.) I, _____, certify that I am the legal guardian of _____.
- 2.) I agree that my child will be asked to comply with all program rules and expectations. Violations of such rules may result in my child not being allowed to continue attending if the program determines behavior(s) poses a safety risk to my child, peers, or program staff, or if it is determined that the child's behavior cannot be safely managed within the program.
- 3.) ***Payments are due one week prior to attendance. Payment must be received for student to attend.***
- 4.) **Classes have a minimum/maximum number of participants.**
- 5.) ***I understand that in the event medical and/or emergency transport is required for my child, staff will first contact parent/guardian, and then has the authority to release student to licensed medical personnel for treatment. If I choose to not authorize release of my child, I understand that QCUSD is released of liability in this matter.***

Signature: _____ **Date:** _____

Optional: I hereby grant my permission for my child's photograph to be taken for purposes of brochures, Facebook & internet, marketing materials, newspaper articles and/or news releases. Use of these images will be at the discretion of Community Education administration.

Signature: _____ **Date:** _____