

Afternoons with Club Une

AT CESAR CHAVEZ MIDDLE SCHOOL

Winter Session November 28, 2011 - March 9, 2012

Club Une offers a variety of after-school recreational activities, enrichment classes, and homework assistance in a safe and supervised middle school environment. Three program options available: **Option #1** provides fun and supervision from school dismissal until 4:30 pm. **Option #2** includes extended care from school dismissal until 6 pm. **Option #3** provides before school supervision M- F, from 6:45 am – 8:30 am. ***For after-school options (#1 or 2), please CIRCLE activity codes below the days you wish to register.** Registration for morning program is available for full week (M-F) only. Club Une is open from dismissal on minimum days at no additional charge. Minimum Days for Session 2: Wednesday 2/29 & Thursday 3/1.

Option 1: Dismissal – 4:30 pm	Monday	Tuesday	Wednesday	Thursday	Friday
Activity Codes	47657	47658	47659	47660	47661
FEE'S 5 days = \$415	4 days = \$332	3 days = \$249	2 days = \$166	1 day = \$83	

Option 2: Dismissal – 6:00 pm	Monday	Tuesday	Wednesday	Thursday	Friday
Activity Codes	47662	47663	47664	47665	47666
FEE'S 5 days = \$555	4 days = \$444	3 days = \$333	2 days = \$222	1 day = \$111	

Option # 3 Before School Supervision	Monday - Friday 6:45 am – 8:30 am	Code: 47667	FEE: \$ 246
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Participant's Name: _____ **DOB:** _____ **Grade:** _____ **Total Fees: \$** _____.

Address: _____ **City/Zip:** _____

Home #: () ____ - _____ **Work/Cell #:** () ____ - _____ **Parent's Name** _____

Payment: Cashier's Check / Money Order: ___ Check # ___ (Checks should be made payable to City of Union City)
or Credit Card (Please circle): *MasterCard* *Visa* *Discover* Credit Card Verification # (CID) _____

Card #: _ _ _ - _ _ _ - _ _ _ **Exp. Date (M / Y) :** _ _ / _ _

Print Name as it appears on card: _____ **Signature:** _____

Complete form and mail to: Union City Leisure Services – Club Une registration, 34009 Alvarado – Niles Road, Union City, CA 94587, fax to (510) 471-6878 or **register online at www.UnionCity.org**. Registration will also be accepted at the Holly Community Center, 31600 Alvarado Blvd. Payment plans are available. For more information, call 675-5690 or 675-5488.

Yes my child has special needs that might require special accommodations.

I, the undersigned, agree to indemnify and hold harmless the City of Union City from any loss or liability which is alleged to have resulted from my participation in this program. I have read and understand the activity description as listed on this flyer and I comprehend all of the risks involved by participating in this activity. I hereby give my dependents permission to participate in these activities indicated and in doing so absolve the City of Union City; it's employees and officers from liability. I also grant full permission to any and all of the foregoing to use my name and any photographs, video graphs, motion pictures or recording for any publicity and promotion purposes without obligation or liability to me.

Signature of Parent: _____ **Date:** _____