

Thanksgiving Break Care

If there is enough interest, Dragon Flight will be offering care on the 23rd and 24th of November from 7:00am - 6:00pm. Must arrive by 9:00am and will return by 4:00pm.



November 23rd

Longmont's new Family Fun Center! Join us for laser tag, an inflatable slide, arcade games and more. You don't want to miss out!

Lunch is provided.

\$45.00

Students will need two snacks!

Money for additional arcade time is optional.



November 24th Lunch and a Movie

Join us as we go out to eat at a super yummy restaurant and then go to the movies to see the new Peanuts!

Lunch is provided.

\$45.00

Students will need two snacks!
May send additional money for movie snacks.

Plus, we will enjoy time outdoors (weather permitting), gym time, Chromebooks, free play, and crafts!

Fill out the registration form and return to the front office no later than **Wednesday, November 18th**. Due to staff scheduling/ratios, late registrations may not be accepted or will be charged a late fee of \$10.00. If we do not receive enough interest, you will be notified. A registration packet must be filled out and on file for your child to attend.

Space is limited – Sign up today!

NOVEMBER 23RD & 24TH –NON SCHOOL DAY--DRAGON FLIGHT REGISTRATION FORM

(Please fill in all blanks---thank you!)

Child's Name: _____ Grade: _____ Age: _____

Does your child have any food allergies/special diets or medical conditions that we should be aware of?

My child will attend the 23rd _____ 24th _____

I give my permission for _____ to participate in this activity. I acknowledge that participation in this activity involves some risk of injury or death, and I assume these risks. I acknowledge that the participant is physically capable of performing this activity. I further acknowledge that the activity will be conducted at a location other than the student's school of attendance. Transportation will be provided by foot, the St. Vrain Valley School District busses, or a chartered bus. I release and hold harmless Flagstaff Academy and its personnel from any liability for any injury or death arising from participation in this activity. I hereby authorize Dragon Flight employees to take whatever action is deemed necessary in their judgment for the health of said child, including but not limited to rendering first aid, administering CPR, and providing transportation for the sick or injured child to the child's home, hospital, or doctor's office, by ambulance, or other available transportation.

Signature of Parent/Guardian _____ Date _____

Child's Name: _____ Grade: _____ Age: _____

Does your child have any food allergies/special diets or medical conditions that we should be aware of?

My child will attend the 23rd _____ 24th _____

I give my permission for _____ to participate in this activity. I acknowledge that participation in this activity involves some risk of injury or death, and I assume these risks. I acknowledge that the participant is physically capable of performing this activity. I further acknowledge that the activity will be conducted at a location other than the student's school of attendance. Transportation will be provided by foot, the St. Vrain Valley School District busses, or a chartered bus. I release and hold harmless Flagstaff Academy and its personnel from any liability for any injury or death arising from participation in this activity. I hereby authorize Dragon Flight employees to take whatever action is deemed necessary in their judgment for the health of said child, including but not limited to rendering first aid, administering CPR, and providing transportation for the sick or injured child to the child's home, hospital, or doctor's office, by ambulance, or other available transportation.

Signature of Parent/Guardian _____ Date _____

I give my permission to have my child/ren photographed for school pictures and participate in possible media coverage ___Yes___No

Parent/Guardian Name: _____ Email _____

Address: _____

Best Phone: _____ Alternate: Phone _____

#1 Emergency Contact: _____ Relationship: _____ Phone: _____

#2 Emergency Contact: _____ Relationship: _____ Phone: _____

If your child requires any type of medication, I will need a copy of the school and prescription forms filled out by your doctor before your child can attend.

For questions, please contact Jeanna Peppler at jpeppler@flagstaffacademy.org or 303-217-6764. - Thanks