



# Summer Schedule

(class descriptions at [www.imaginationssoup.net](http://www.imaginationssoup.net))

All Classes from 1 p.m. – 4 p.m. and are \$20 unless indicated  
at Imagination Soup, 7548 S. Jasmine Way, Centennial, CO 80112

Please contact Melissa with any questions or to register at [meltay@comcast.net](mailto:meltay@comcast.net) and at 303-564-7980

June 1: **Science Journal about worm gardens & vegetables**  
**(\$28)**

June 2: **Recycled Art and Found Poetry**

June 3: **Poetry Walk**

June 4: **Picture Book**

June 9: **Recycled Art and Found Poetry**

June 10: **About Me**

June 11: **ABC book**

June 15: **Silly Story**

June 16: **Poetry Walk**

June 17: **ABC book**

June 18: **Picture Book**

July 7: **Eat Your Words – write with all 5 senses** (snacks  
provided!)

July 8: **Riddles show (not tell)**

July 13: **Small moments – sketch, write, add**

July 20: **Math stories in everyday life**

July 21: **Action! in a sports story**

July 22: **Eat Your Words – write with all 5 senses** (snacks  
provided!)

July 23: **Small moments – sketch, write, add**

July 28: **Word Painting = Poetry**

July 29: **Science Journals: Soap bubbles and more**



## Imagination Soup Enrollment Form

### CHILD INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Current Age: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Current School and Grade: \_\_\_\_\_

Does your child have any learning concerns? \_\_\_\_\_

\_\_\_\_\_

What are your child's interests? \_\_\_\_\_

What are your child's strengths and weaknesses? \_\_\_\_\_

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How does your child feel about his or her writing ability? \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother / Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Home Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Father / Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Home Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Marital Status: Married \_\_\_ Divorced \_\_\_ Single parent \_\_\_ Other**

If divorced, who has legal custody? \_\_\_\_\_

May the non-custodial parent / guardian pick up the child? \_\_\_\_\_

The child will only be released to parents and to (friends, family):

Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**CHILD'S PHYSICIAN & MEDICAL INFORMATION**

Physician Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies/Special Diet: \_\_\_\_\_

Chronic Health Condition: \_\_\_\_\_

Special Limitations or Concerns: \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_ Policy # \_\_\_\_\_

**Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parent's Name \_\_\_\_\_

**HEALTH CARE AUTHORIZATIONS**

I authorize ImaginationSoup staff and medical personnel to have access to health information in my child's file.

I authorize ImaginationSoup staff, who are trained in the basics of first aid, to give my child first aid or CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

I give ImaginationSoup permission to post my child's allergies as needed.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Field Trip Permission**

You have my permission to take my child/ren on trips short walks in the HFII neighborhood. I also understand that all necessary precautions will be taken to ensure his or her safety, and I will not hold ImaginationSoup, LLC responsible for any accident, which may occur on such a trip.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHOTO PERMISSION**

\_\_\_\_\_ I give permission for my child \_\_\_\_\_ to be photographed while attending Imagination Soup.

\_\_\_\_\_ I do not wish my child \_\_\_\_\_ to be photographed while attending Imagination Soup.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE READ THE FOLLOWING CHILDCARE AGREEMENT AND INDEMNIFICATION, WAIVER AND RELEASE THEN SIGN ON THE REGISTRATION FORM**

**(Signature on Registration Form is required for registration):**

1. I understand that I must make arrangements for my child's care immediately following the end of class. I accept that neither the class instructor nor the ImaginationSoup staff will be responsible for children not picked up on time. If the pick-up arrangements listed on the registration form cannot be met, I will notify the class instructor. Children not picked up on time will be charged \$1 / minute after class is dismissed.

2. INDEMNIFICATION, WAIVER AND RELEASE. By signing the Registration Form enclosed, I agree to the following:

- I agree to assume all risk of injury to me or my child and all risk or damage or loss of property arising out of my child's participation in the program.
- I release, discharge and waive any and all responsibility of the ImaginationSoup, LLC and ImaginationSoup staff from and against liability for any injury, damage or loss which may result from my child's participation in this program or his/her failure to attend class he/she has registered for.

**Thank you for registering your child. Please send all forms and payment to: Imagination Soup, LLC, 7548 S. Jasmine Way, Centennial, CO 80112.**