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**** CPMSAC 2009 S.O.N-LIGHT STUDENT ENRICHMENT PROGRAM
FOR "ALL" 6TH THROUGH 12TH GRADE STUDENTS ONLY
CHANTILLY HIGH SCHOOL GYMNASIUM
Friday, March 6, 2009 - 6:00 p.m. - 11:30 p.m.
REGISTRATION AND MEDICAL WAIVER (FORM A)**

Early Registration: (prior to February 28, 2009) fee \$10 per student with a cap of \$20 per family. Registrations received after February 28 fee \$13 per student with a cap of \$25 per family. Early registrants will be entered twice for the prize drawings and those registrants at door entered once. You must be present to win. Please complete one form per student.

I give permission for the following student to participate in the CPMSAC 2009 Student Enrichment Program. I understand CPMSAC will provide adequate facilities, materials, resources, food and supervision for the event. I will not hold CPMSAC or Chantilly High School liable for bodily injury that might occur through accident beyond the limits of liability insurance. I understand that I am responsible for the timely arrival (6:00 p.m.) and pick-up (11:30 p.m.) of the student listed below.

Parent/Guardian Signature: _____ **Date:** _____

Student Name _____ **Age:** _____ **DOB:** _____

School _____ **Grade:** _____

Parent/Guardian Name (please print) _____ **Relation:** _____

Mailing Address _____

Phone () _____ **Alternate Phone ()** _____ **Email** _____

Student's Emergency Contact:

Name _____ **Phone ()** _____ **Relation:** _____

Medical Information:

Insurance Carrier/Policy # _____

Name of Physician/ Phone # _____

Allergic to food/ medications (specify) _____

I, _____, give CPMSAC permission to acquire medical assistance for my child in the event of an emergency. I understand the medical needs of the child will be attended to first and that I will be notified as soon as possible.

Parent/Guardian Signature: _____ **Date:** _____

Each parent/student must complete registration and medical waiver. Mail completed Forms A and Form B (per student) and payment to **J.P. Gary 6188 Snowhill Ct. Centreville, VA. 20120**. Please make check payable to **CPMSAC**. **Questions? Call (703)717-3297.**

*** S.O.N-LIGHT refers to the late founder of our organization Ms. Shirley O. Nelson. Her vision and "Light" continues to shine bright!*

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PROGRAM SCHEDULE AND ACTIVITIES (FORM B)

FRIDAY, March 6, 2009

- 6:00 P.M. REGISTRATION/ PIZZA/ PRIZE DRAWINGS – CHS GYMNASIUM
- 7:00 P.M. GENERAL ASSEMBLY - PURPOSE, PLAN AND INTRODUCTIONS
- 7:30 P.M. “FOUNDATION FOR STUDENT ACHIEVEMENT” SESSIONS:
to 9:30 P.M. Session A: Creating your Personal Mission Statement and Mantra
 Session B: Developing your Inner Genius
 Session C: Eating and Living Healthy
 Session D: Improving Financial Literacy for Youths
 Session E: Answering a Nation’s Call: Volunteer Opportunities and Rewards
 Session F: Strategies to Promote High Expectations (Parents Only)
- 9:30 P.M. STUDENT SOCIAL TIME:
 Games, Zumba (Latin/Cardio Fusion), Basketball Clinic, Movies
 (Refreshments provided)
- 11:30 P.M. **DISMISSAL: PLEASE BE PROMPT IN PICKING UP YOUR STUDENTS**

**Sponsored by the Chantilly Pyramid Minority Student Achievement Committee (www.CPMSAC.ORG)*

Please **rank** your preference using a scale of 1-5 for the workshop sessions (1=top priority, 5=least priority) and also using a scale of 1-5 for the social activities. Each student will be assigned 3 workshop sessions (30 minutes each with 10 minute transition- handouts provided) and 3 social activities based on availability and preference.

___ **Session A** ___ **Session B** ___ **Session C** ___ **Session D** ___ **Session E**
___ **Games** ___ **Zumba** ___ **Basketball** ___ **Movies**

STUDENT AGREEMENT (each student must sign)

Student Name _____ School: _____ Grade: _____

While participating in this CPMSAC activity on Friday, March 6, 2009, I accept full responsibility for being a responsible student and citizen, especially in the matters of behavior, conduct, appearance, respect and teamwork. I will follow the instructions and directions of the CPMSAC Student Enrichment and Social Program Staff.

Student Signature _____ **Date** _____

ADULT AGREEMENT (required)

Session F YES or NO (Please Circle one)

Parent/Guardian Signature _____ Date _____

Parent Volunteer: YES or NO (Please Circle one)

Total Registration Fee included (for Students ONLY- PARENTS Free): \$ _____

CPMSAC Donation (Optional): \$ _____