MOTHER SETON

THE FUTURE IS HERS



Saturday Enrichment Program

Saturdays: March 3rd, 10th and 24th

Session I: 9:00 am - 10:30am Session II: 10:30-12:00 noon Designed for girls in 6th, 7th & 8th grade





LAB SCIENCE

There is more to science than formulas and the definitions.

Each week you perform an experiment in our labs and learn through hands on experience.

> Session II Course size limited to 16



COOKING

Spend your Saturday mornings in the kitchen exploring the art of

cooking. Students will prepare three nutritious and delicious recipes, as they learn how to read a recipe and get comfortable working in the kitchen.

Sessions I and II

SEWING

Students will enjoy the basics of sewing and the proper use of the sewing machines.

You will love your final product it's something you can wear! No prior sewing experience necessary. Sessions I and II

Course size limited to 14

DRILL TEAM



perform to today's popular music? Now you can be part of the fun! Each Saturday, members of the MSR Drill Team will teach a routine to a different one of the songs they have performed this year. Maybe one day, you will be part of this fantastic dance team!

Session II

Volleyball

Volleyball is one of the most popular sports at MSR and we want to help you love the game! We focus on honing your skills and learning offensive and defensive basics. Anyone from beginner to advanced players are welcome. It's a great chance to work with our team's Varsity coaches!

Sessions I and II

ITALIAN IS INTERESTING



Session I

Multimedia Art

Drawing, Painting & Ceramics — Discover your creative ability as you improve artistic skills and explore new techniques—all while having fun!

Sessions I and II

LITERATURE ALIVE!

Let's read and study different genres such as Fantasy, Science Fiction and Drama. We will then creative writing of stories and poems. Have fun with litera-

ture while you improve your skills.

Sessions I Course size limited to 12

MUSICAL THEATRE

Students will look at recent performances of Broadway productions to analyze the acting scenes and songs. Students will be guided in the style of a Masterclass learning ways to act through songs. In the final class a set of three actors will offer feedback on students' performances.

🔊 Sessions I and II Course size limited to 12

MOTHER SETON REGIONAL HIGH SCHOOL REGISTRATION FORM FOR SATURDAY ENRICHMENT PROGRAM

	Print Information:			
STUDE	NT NAME		Grade	
Addres	SS			
	City	State	Zip Code	
Phone	#		·	
Parent	's Cell Phone #			
Home	Phone #			
Studer	t's Email Address			
	You will be contacted	by Email to confirm your acceptance into the Saturday I	Enrichment Program.	
School	where student is currently enrolled	Town		
	Registration choices will be gi	ven on a first come basis. Please indicate your cou	ırse selections:	
	Saturday, March 3rd, 10 th , & 24 th Ses	ssion I: Session II:		
	PE	ERMISSION SLIP FOR PARTICIPATION		
se lea lia	Parent and student acknowledge and are aware that even with proper supervision, use of protective equipment and strict observance of rules, there are risks inherent in participation in the Saturday Enrichment Program. Parent and student hereby release, hold harmless, indemnify and discharge Mother Seton Regional High School, its employees, agents and volunteers from all liability for damages, loss or injury to persons or property arising out of or in connection with student's participation in the above described activity that may be filed by, on behalf of, or for the above named student.			
	For purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and ever kind that arises from student's participation in the Saturday Enrichment Program.			
ine	Parent and student further expressly agree that the foregoing release and waiver provisions are intended to be as broad an inclusive as is permitted by the law and that if any portion of it is held void, voidable, or unenforceable, the remaining portion shall remain in full force and effect.			
	The undersigned has read and voluntarily signs this release and waiver of liability and further agree that no oral representations statements or inducements, apart from this agreement, have been made.			
		participate in	the above Saturday Enrichment	
Progra	m Program/s.	Signature of Parent/Guardia	n Date:	
		Signature of Fareing Gadraia	<u></u>	
		COST TO PARTICIPATE		
	Payment: \$4	40 for one session \$60 for	two sessions	
riease	e return Registration Form & Medical (Consent Form with check payable to: Mother	r Seton Kegional High School	
Mail t	o: Mother Seton Regional High	School		
	Attn: Mrs. Giron, Re: Enrichr	ment Programs		
	One Valley Road	-		

Clark, NJ 07066

MOTHER SETON REGIONAL HIGH SCHOOL MEDICAL CONSENT FOR SATURDAY ENRICHMENT PROGRAM

My daughter,	is in good health, and I assume all responsibility for the health of my child.
Daughter's Name	
Of the following statements pertaining to medical i	matters, sign only those in accordance with your wishes:
Emergency Medical Treatment: Ital for emergency medical or surgical treatment.	n the event of an emergency, I hereby give permission to transport my child to a ho
I wish to be advised prior to any f	urther treatment by the hospital or doctor.
In the event of an emergency and you are una	ble to reach me, contact:
Name & Relationship	Phone
Family Doctor	Phone
· ·	abeled, that are necessary. Names of medications and concise medications, including dosage and frequency are as follows: the present time or circle "DOES NOT APPLY"
	Dosage:
Administer:	
Medical Conditions Information: (The following My daughter has:	ng information will be held in confidence.)
My daughter has had an episode with the follo	owing or has been diagnosed with: Seizures/Asthma/Diabetes
Allergic reactions to the following (foods, dyes	, latex etc.)
Has had a medical surgery within the last six m	nonths? Yes / No Under doctor's care? Yes / No
Has a medically prescribed diet?	Cardiac condition? Yes / No
The following physical limitations?	
Immunizations current and up to date: Yes	No
You should also be aware of these special med	lical conditions of my child:
Insurance Information: Insurance Carrier:	Name of Insured:
Insurance Carrier: Insurance Policy Number:	
No, I do not carry medical insu	rance at this time.
,	
Signature of Parent/Guardian:	Date:
Parent's Cell Phone#	Parent's Work#
Emergency Contact Name & Phone#	