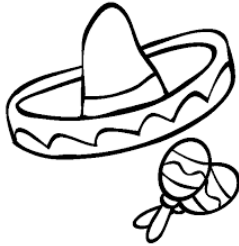


Orange County Educational Arts Academy

KEDS office (714) 558-2787 x3080



Friday September 23rd, 2016

9:00am - 4:00pm Cost: \$30

Extended Care: 7:30am - 6:00pm Cost: \$40

KEDS students: \$25

Fiesta Friday

We are celebrating Hispanic Heritage Month!

Fiesta Friday will be held at the main OCEAA campus. Entrance is on Sycamore St., through the purple doors. The price includes lunch, snack and activities such as:

Make your own piñata, Lotería (Bingo), Cooking and a Fiesta Dance-Off!

The last day to sign up is Wednesday September 21st, 2016!

There will be no registration allowed at the door! Only 50 spots available - first come first served!

Schedule:

7:30am - 9:00am	Extended care/ check-in	12:00pm - 1:45pm	Second Rotation: Nap time TK-Kinder
9:00am - 9:30am	Welcome/ Announcements	1:45pm - 2:00pm	Snack time: TK-Kinder
9:30am - 11:00am	First rotation	2:00pm - 2:15pm	Snack time
11:00am - 11:30am	Lunch	2:15pm - 4:00pm	Third Rotation
11:30am - 12:00pm	Recess	4:00pm - 6:00pm	Extended Care Evening Activity - Movie
12:00pm - 2:00pm	Second Rotation		(The Book of Life)

Reminders:

Students **MUST** be signed in and dropped off with the receptionist in the Garden Grill. Students cannot be dropped off before 7:30am if signed up for extended care or before 9:00am for regular hours.

Please send your payment with the activity permit to the KEDS office. Check or money order must be made payable to "OCEAA". If you have any questions please contact the KEDS office at: (714) 558-2787 ext. 3080

Activity Permit- Please detach bottom portion and return to the KEDS office

Name of Student: _____ Grade: _____

Teacher (KEDS or Day): _____ Allergies/Medical Conditions: _____

I _____ (Parent/Legal Guardian Name) give permission for (Student Name)

_____, to attend the above activity on September 23rd, 2016. It is my understanding that my son/daughter will be under the supervision of OCEAA staff. I further agree to relieve the Board of Education, the school and any of the officers, agents or employees from any liability in connection with this request so long as due diligence is exercised.

Parent / Guardian Signature

Date

Parent/ Guardian Contact Number

Emergency Contact Name and Number

For office use only: Extended Care: _____ Cash: _____ Check: _____ Staff: _____