



Orange County Educational Arts Academy

KEDS Office (714) 558-2787 x3080

Friday, February 26th, 2016

9:00am - 4:00pm Cost: \$25

Extended Care 7:30am - 6:00pm Cost: \$35



Fun Friday Slumber Party!

Bring your PJ's, a pillow and a blanket! Fun Friday will be held at the main building in OCEAA. Students MUST be signed in and dropped off with the KEDS 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 Fun Friday hours.

Space is limited! Last day to sign up at the regular price is February 24th, after this date price increases by \$10.

7:30am - 9:00am	Extended care activities: JIJI, AR, board games, or homework. (Extended Care only)
9:00am - 10:00am	Opening Activity/ Cereal Station: TK - 6 th
10:00am - 12:00pm	First Rotation: TK - 6 th
12:00pm - 1:00pm	Lunch / Recess
1:00pm - 3:00pm	Second Rotation: Movie 1 st - 6 th
1:00pm - 3:00pm	Second Rotation: Nap time TK-Kinder
3:00pm - 4:00pm	Third Rotation: 1 st - 6 th
3:00pm - 4:00pm	Third Rotation: Movie for TK-Kinder
4:00pm - 4:30pm	Snack (Extended Care only)
4:30pm - 6:00pm	Choose activity: JIJI, AR, board games, or homework (Extended Care only)

- ◆ If you would like your child to work on homework, please send them with their backpack.
- ◆ Please send your student with close-toed shoes, shorts under their pajama bottoms, a pillow and a blanket.

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: _____ Teacher (KEDS or Day): _____

Allergies/Medical Condition: _____ Grade: _____

I give permission for (Student Name): _____, to attend the above activity on February 26th, 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: _____ Payment received: Cash: _____ Check: _____ Staff: _____