



# »»» AFTER SCHOOL

## Video game coding classes

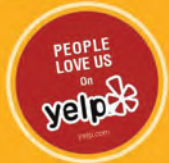


Join us as we learn the  
**LANGUAGE**  
OF TECHNOLOGY

**HURRY!!**

**OUR CLASSES  
FILL  
VERY FAST**

*"My daughter absolutely LOVED it. I was really blown away by how much material they covered (...) while still managing to have fun too!"*  
Mary H. | Rocklin CA



### *Prerequisites*

**None!** This is an intro course.

### *Age Requirements*

Open to grades **3<sup>rd</sup> - 6<sup>th</sup>**

We offer Honeycode because our children need to be creators, and not just consumers of technology.

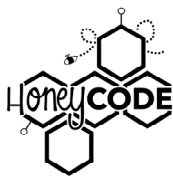
As our world becomes increasingly more tech-dependent, the best way to ensure future success is for children to become tech-savvy today. However, we want our students to go beyond being able to teach us how to change the wallpaper on our iPhone! They need to **learn the language of technology**, so that when they grow up, they can create and contribute with the best of them.

See reverse for date and time information.



[dreamclasses.org](http://dreamclasses.org)

| 916.419.7644



# HoneyCode at Valley View Charter Montessori!

Open to Grades 2-6

Sponsored by VVCM PTO

## Class Details

Day of the week: Thursday

Time: 2:20pm-3:30pm

Classroom: Room B1

## Registration Form

**Do not return this form to your school's front office.**

To register using this form, please mail to:

Dream Enrichment Classes. 1820 Tribute Rd, Suite F Sacramento CA 95815

— You can also register quickly online at [dreamclasses.org](http://dreamclasses.org) —

## Enrollment Options

**Session B: 11/21, 12/5, 12/12, 12/19, 1/9, 1/16, 1/23, 1/30, 2/6, 2/13, 2/20** - \$198

### Payment Options:

Pay in full or  50% today & remaining 50% one month from session start date (credit card only)

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Alternate Phone (required): \_\_\_\_\_ *Alternate phone will be used when we cannot reach a parent on the main cell phone #*

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade : (2-6 only) \_\_\_\_\_

Known Allergies or Medical Conditions: \_\_\_\_\_

- Release:**
- Guardian pick-up from class
  - Staff escort to after school care
  - Independent release to parking lot or walk home

Does your child attend after school care?  Yes  No *Please choose "yes" even if your child only attends infrequently.*

## Payment and Waiver

VISA  MC  DISC  AMEX  Check # \_\_\_\_\_ "Payable to Dream Enrichment Classes"

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Payment plans must be paid by credit card only.**

Name on Credit Card: \_\_\_\_\_

Please read our after school class policies at: [dreamclasses.org/policy](http://dreamclasses.org/policy) It includes such information as medical liability, photo release, transfers, cancelation fees, refunds and discipline. By signing below, you acknowledge that you have both read and understood all policies outlined in the aforementioned document, including that you waive any right to claim against Dream Enrichment owners, staff and teachers in the event of an accident, injury or loss of personal items. A copy of this policy document will also be available in your confirmation email. If you have provided your credit card information, you agree to let Dream Enrichment charge your card for the items you have requested.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Your registration will not be processed without both payment and signature.