## ADIRONDACK CENTRAL SCHOOL DISTRICT COMMUNITY EDUCATION COURSES

Winter/Spring 2024 February - May

\* #120 - Fun Family Swim

\* #500 - Open Lap Swim

When:

Thursdays

When:

Mondays and Wednesdays

Dates: Time: Feb 8 - Apr 18 5:30pm - 7:00pm Dates: Time: Feb 5 - Apr 17 5:30pm - 7:00pm

Population:

Anyone

Population:

Adult & Mature HS Students

Location:

HS/MS Pool

Location:

HS/MS Pool

Leader:

Cost:

Laura Wawrzyniak \$3/pp or \$6/family

Leader: Cost: Laura Wawrzyniak \$3.00/session

• # 325 - Parent Automobile Safety Course

Parents/Guardians of soon to be or current teen drivers:

This session is to help educate and answer questions parents/guardians may have about teen driving. It will cover New York State Requirements and Laws, parental contracts, history of driving in the U.S. and safety information. The goal is for you to feel more confident and comfortable to help your child learn how to drive safely.

Date:

Feb 8 (Must Pre-Register)

Time:

6:00pm - 8:00pm

Population:

Parent/Guardians of teens who can or will drive

Location:

Lecture Room (High School)

Leader:

R. Cotton

Cost:

Free if registering a student for the 5 Hour Pre-Licensing Course or \$5/family.

\* #320 - 5 Hour Pre-License Course:

This course introduces new drivers to traffic laws, safe driving techniques, common risks for inexperienced drivers and much more. The goal of the course is to prevent crashes and teach new drivers how to be safe and courteous behind the wheel.

TO REGISTER FOR ANY DRIVING CLASSES, PLEASE CONTACT THE HIGH SCHOOL GUIDANCE OFFICE @

315.942.9200. Ext. 5520

Date::

Feb 10 and May 4 (Must Pre-Register)

Time:

9:00am - 3:00pm

Population: Location: (16yrs old & Driver's Permit) Lecture Room (High School)

Leader:

R. Cotton

Cost:

\$25

## COMMUNITY EDUCATION REGISTRATION FORM

| Name of Participant:     | DOB:                             |
|--------------------------|----------------------------------|
| Grade:                   | Age:                             |
| Name of Parent/Guardian: | Parent/Guardian Cell Phone:      |
| EMAIL ADDRESS::          | Parent/Guardian Alternate Phone: |
| ADDRESS:                 |                                  |
| Emergency Contact Name:  | Emergency Contact Number:        |
|                          |                                  |
|                          |                                  |
| Course Title:            | Cost of Course:                  |
| Course #:                | Total Enclosed:                  |

Payment must be included with the registration form. Please make checks payable to Adirondack Central School.

Return this form and payment to:
 Mrs. Kim Neary
Adirondack Senior-High School
Community Education Program
8181 State Route 294
Boonville, NY 13309