



2019 Summer Art Camp

June 10- Aug 16, 2019

9:00 am to 3:30 pm

Art classes are grouped by age

THE BASS

Camper's Information:

CHILD 1

CHILD 1 LAST NAME FIRST NAME CHILD 1 GRADE

CHILD 1 SCHOOL CHILD 1 DATE OF BIRTH CHILD 1 GENDER

CHILD 1 ETHNICITY: ___ Hispanic ___ Haitian ___ Other, please specify _____

CHILD 1 RACE (select only one):

___ American Indian or Alaskan ___ Asian ___ Black or African-American ___ Pacific Islander ___ White
___ Other ___ Multiracial

SCHOLARSHIP ELIGIBILITY Student receives: Free lunch program* Reduced lunch program* S.N.A.P*
**Please attach verifying documentation with application to confirm scholarship eligibility*
Student qualifies for Special Needs Scholarship

CHILD 2

CHILD 2 LAST NAME FIRST NAME CHILD 2 GRADE

CHILD 2 SCHOOL CHILD 2 DATE OF BIRTH CHILD 2 GENDER

CHILD 2 ETHNICITY: ___ Hispanic ___ Haitian ___ Other, please specify _____

CHILD 2 RACE (select only one):

___ American Indian or Alaskan ___ Asian ___ Black or African-American ___ Pacific Islander ___ White
___ Other ___ Multiracial

SCHOLARSHIP ELIGIBILITY Student receives: Free lunch program * Reduced lunch program* S.N.A.P*
**Please attach verifying documentation with application to confirm scholarship eligibility*
Student qualifies for Special Needs Scholarship

CHILD 3

CHILD 3 LAST NAME FIRST NAME CHILD 3 GRADE

CHILD 3 SCHOOL CHILD 3 DATE OF BIRTH CHILD 3 GENDER

CHILD 3 ETHNICITY: ___ Hispanic ___ Haitian ___ Other, please specify _____

CHILD 3 RACE (select only one):

___ American Indian or Alaskan ___ Asian ___ Black or African-American ___ Pacific Islander ___ White
___ Other ___ Multiracial

SCHOLARSHIP ELIGIBILITY Student receives: Free lunch program* Reduced lunch program* S.N.A.P
Please attach verifying documentation with application to confirm scholarship eligibility
Student qualifies for Special Needs Scholarship

FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION _____ SITE _____

POPULATION MEMBERSHIP (check all that apply): Dep Syst Delin Syst

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1 (Primary Caregiver):

PARENT OR GUARDIAN'S LAST NAME		FIRST NAME	RELATIONSHIP TO CAMPER	
HOME ADDRESS		APT	CITY	STATE ZIP

EMAIL	HOW DID YOU HEAR ABOUT OUR CAMP?										
PRIMARY PHONE NUMBER	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Is this a cell/mobile phone? <input type="checkbox"/> Yes <input type="checkbox"/> No										
ADDITIONAL PHONE NUMBER	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

PARENT/GUARDIAN 2 (Primary Caregiver):

PARENT OR GUARDIAN'S LAST NAME		FIRST NAME	RELATIONSHIP TO CAMPER	
HOME ADDRESS		APT	CITY	STATE ZIP
MOBILE PHONE	HOME PHONE		WORK PHONE	

EMAIL

Does child have health insurance? (ex., private insurance, KidCare, Medicaid) Yes No
(If not, we may be able to help you find affordable coverage – call 211 or visit www.thechildrenstrust.org/parents/health-connect/insurance.)

SAFETY & EMERGENCY INFORMATION

NAMES OF CHILDREN ATTENDING

Campers reside with: Both Parents Mother Father Other _____

EMERGENCY CONTACT OTHER THAN PARENTS

PHONE 1

PHONE 2

Please tell us if your child has any diagnosed medical/behavioral conditions or allergies that require special attention:

Please list all the people who are authorized pick up your child (please include your, or your partners name if picking up):

Name	Phone #	Relationship to Child

PLEASE REVIEW AND CHECK THE FOLLOWING ITEMS, SIGN AND DATE

- Food is not provided. Camper will bring lunch & 2 snacks
- **CAMPERS MUST ATTEND ALL 5 DAYS AND 5 WEEKS IN ORDER TO RECEIVE A SCHOLARSHIP**
- Photo ID MUST be presented at The Bass' front desk before child is released. Child will go into the custody of ONLY those listed on approved pick up list.

Printed Name: _____ Signature: _____

Date: _____

If you are interested in other services funded by The Children's Trust, please call 211 or visit www.thechildrenstrust.org. For special needs resources for your child, visit www.advocacynetwork.org or www.thechildrenstrust.org/cwd

**(Please note that The Children's Trust may contact you via postal mail, email and/or text to ask about your satisfaction with these services, and to make you aware of other Trust-funded programs, initiatives and events you may be interested in.)*

SUMMER ART CAMP:

Weekly Registration (PLEASE SELECT 5 WEEKS YOUR CHILD(REN) WOULD LIKE TO ATTEND):

**THE
BASS**

	Ages 5-6	Ages 7-12
JUNE 10-14	Creative Creatures <input type="checkbox"/>	Painting Exploration <input type="checkbox"/>
JUNE 17-21	Self Portraits <input type="checkbox"/>	Legends, Myths & Story Creation <input type="checkbox"/>
JUNE 24-28	Under the Sea <input type="checkbox"/>	Dreamscapes <input type="checkbox"/>
JULY 1-5 (*NO CLASS ON 7/4)	Art and Nature <input type="checkbox"/>	Painting on Unique Surfaces <input type="checkbox"/>
JULY 8-12	Story Creation <input type="checkbox"/>	Cultural Expressions <input type="checkbox"/>
JULY 15-19	Mixed Up Media <input type="checkbox"/>	World of Paper <input type="checkbox"/>
JULY 22-26	Fantastical Creatures <input type="checkbox"/>	Science & Art <input type="checkbox"/>
JULY 29- AUGUST 2	Science & Art <input type="checkbox"/>	Pop Up Sculptures <input type="checkbox"/>
AUGUST 5-9	Sound Sculptures <input type="checkbox"/>	Street Art <input type="checkbox"/>
AUGUST 12-16	Puppetry & Storytelling <input type="checkbox"/>	Inventions <input type="checkbox"/>

HELPFUL INFORMATION ABOUT YOUR CHILD

We want to get to know your child better so that we can provide the best possible experience in our programs. Please tell us more about your child...

What are the main ways in which your child communicates? (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Speaks and is easily understood | <input type="checkbox"/> Uses gestures or expressions like pointing, pulling, smiling, frowning or blinking |
| <input type="checkbox"/> Speaks but is difficult to understand | <input type="checkbox"/> Uses sign language |
| <input type="checkbox"/> Uses communication devices like pictures or a board | <input type="checkbox"/> Uses sounds that are not words like laughing, crying or grunting |

What, if any, help does your child receive at this time? (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Behavioral therapy or services | <input type="checkbox"/> Physical therapy (PT) |
| <input type="checkbox"/> Counseling for emotional concerns | <input type="checkbox"/> Special education services in school |
| <input type="checkbox"/> Daily medication (not including vitamins) | <input type="checkbox"/> Speech/language therapy |
| <input type="checkbox"/> Occupational therapy (OT) | <input type="checkbox"/> None of the above |

What conditions does your child have that are expected to last for a year or more? (Mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Physical disability or impairment |
| <input type="checkbox"/> Developmental delay (only if under age 5) | <input type="checkbox"/> Problems with aggression or temper |
| <input type="checkbox"/> Intellectual/developmental disability (over age 5) | <input type="checkbox"/> Problems with attention and hyperactivity (ADHD) |
| <input type="checkbox"/> Hearing impairment or deaf | <input type="checkbox"/> Problems with depression or anxiety |
| <input type="checkbox"/> Learning disability (school age) | <input type="checkbox"/> Speech or language condition |
| <input type="checkbox"/> Medical condition or illness | <input type="checkbox"/> Visual impairment or blind |
| | <input type="checkbox"/> None of the above |

If you marked "None of the above" on the previous question, please skip the next two questions and sign below. If you marked any other answer on the question above, please answer the remaining questions and sign below.

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do? Yes No

To support your child's successful participation in this program, in what areas might s/he need extra assistance?

- | | |
|---|--|
| <input type="checkbox"/> No specific help needed | <input type="checkbox"/> Adapting activities to take into account a visual or hearing impairment |
| <input type="checkbox"/> Holding a crayon/pencil, writing, using scissors or other fine motor tasks | <input type="checkbox"/> Using assistive device(s) like a wheelchair, crutches, brace or walker |
| <input type="checkbox"/> Sports or physical activities like running or other gross motor tasks | <input type="checkbox"/> Personal services like help with feeding, toileting or changing clothes |
| <input type="checkbox"/> Managing feelings and behavior | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Academic, learning or reading activities | |

Please tell us anything else you think it is important for us to know about your child:

I give my permission for this information to be submitted to The Children's Trust for program quality and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

MANDATORY WAIVER AND RELEASE

I do hereby release the Bass Museum of Art from all liability for any accident or injury that might be sustained through participation in any or all activities. I also understand and agree to abide by all rules and regulations. Failure to do so may result in the suspension or revocations of all Bass Museum of Art privileges. By signing this form electronically, I acknowledge that the Bass Museum has a policy in place to safeguard participant information and retain client confidentiality.

I hereby grant The Bass its directors, officers, employees, agents, and designees (collectively "BMA" acknowledge that BMA will own such images and further grant the BMA permission to copyright, display, publish, distribute, use, modify, print and reprint such images in any manner whatsoever related to BMA business, including without limitation, publications, advertisements, brochures, website images or other electronic displays and transmissions thereof. I further waive any right to inspect or approve the use of the image by the BMA prior to its use. I forever release and hold the BMA harmless from any and all liability arising out of the use of the images in any manner or media whatsoever, and waive any and all claims and causes of action relating to the use of the images, including with limitation, claims for invasion of privacy rights or publicity.

I hereby certify that I am the parent and/or guardian of the child listed in this form, under the age of 18 years and I hereby consent that any images (as defined above) may be used for any purposes set forth in this Authorization and Release above.

RULES AND DISCIPLINE

To ensure the best art camp experience for every camper, it is important that every child treats others with respect and follows the rules of the camp. Some of the basic rules are as follows:

Campers should not:

- Bring electronic games or toys to camp, as these can get lost
- use cell phones during class, if you require your child to bring one , they should be safely packed away in lunch boxes or backpacks
- Blatantly disobey, disregard or defy a staff member
- Fight or start a fight that results in an injury
- Intentionally destroy or steal any program or facility equipment
- Throw any object at another person
- Bring any kind of weapon or other dangerous object to camp

Campers should:

- Be courteous and respectful of others
- Clean up after themselves to the best of their ability
- Report any problems to a counselor
- Have fun and be creative!

Children will be introduced to these guidelines on the first day of camp. If rules are continually broken, the Bass Museum reserves the right to notify the parent to pick up the child. In some severe cases the Bass Museum will ask the parent and student not to return to camp. We encourage the children to have fun, make friends, and get creative. We want them to have the best experience possible If you feel that your child is not having the best experience, please let us know so we can understand what the child needs to get the most of our art camp.

I have read and agree to the terms listed above:

Parent Signature_____

Date_____