

Garrard County Arts Council

Kid's Art Programs Application

Date_____

Child's Name: (last) _____(First)_____

Child's Address : _____

City : _____

State : _____ Zip:_____ Phone:_____

Cost: Free to all with paid membership. Cost for the week for non members \$10/day per child.

Your child MAY be given a snack break

Garrard Arts County Member ____ #_____ Non Member_____

Language spoken at home_____

My child is :

_____Under the age of 9

_____9 or above

Parent Contact Information:

Name:_____

Address:_____

Phone: (home)_____ (work)_____

(cell)_____

Please list any other persons that you wish to give permission to pick up your child.

Photo ID must be provided at time of pickup

PARENT/GUARDIAN PERMISSION

Drop off and pick up

I give my child permission to attend Garrard Arts After School Art Club. I understand that transportation is not provided.

I understand that my child will not be released to anyone other than the persons listed as authorized to pick up. PHOTO ID REQUIRED AT TIME OF PICK UP

Photo Release

Garrard Arts staff occasionally takes pictures/videos of its programs and children. I give Garrard Arts permission to use these photographs or videos in its website or promotional materials such as brochures and flyers.

_____ Yes I give my permission

_____ No I do not give my permission

Parent Signature_____Date_____

BEHAVIOR EXPECTATIONS/DISCIPLINE POLICY

We have a warm & loving environment at Garrard Arts & expect children to be respectful to staff & peers. To maintain a safe environment, we use the following discipline policy.

The consequences for misbehavior are:

1. First incident – Verbal warning from teen or adult staff.*
2. Second incident – Time out in office, while meeting with adult staff members to discuss the problem.*
3. Third incident – Time out in office, accompanied by a call home to parent or guardian.
4. Fourth incident –Removal from program.

*If the incident is serious enough, a staff member may proceed directly to Step 3 &/or 4 (particularly if the child's behavior endangers him/herself or others).

Garrard Arts Kid's Programs - Code of Conduct

The Garrard Arts Center is a wonderful place and we want everyone to have a safe and fun experience. As long as everyone follows some simple rules, we can achieve that goal.

1. No outside food or drink, with the exception of water
2. No one is allowed to smoke, vape, drink alcohol or do drugs inside the center or outside on properties owned by Garrard Arts
3. Please be polite to all adults and other kids using the art center. Cursing and vulgar language is not allowed
4. Please turn off your technology unless otherwise instructed by staff
5. Appropriate clothing needs to be worn, including shoes, pants, and shirts
6. The bathroom needs to be kept nice for everyone. Please flush the toilet and wash your hands
8. Leave all property including furniture, walls, doors, and our art materials the way you found them. Treat all property with respect.
9. Horse play, roughhousing, and running are not allowed in the art center. Please keep your hands to yourself.

We want everyone to have a good time.

Parent Signature_____ Date_____

Child Signature_____ Date_____

EMERGENCY CONTACT AND MEDICAL FORM

CHILD INFORMATION

Childs Name: _____ Birthday: ____ / ____ / ____

Home Address: _____

PARENT INFORMATION

Parent or Guardian #1

Name: _____

Phone Numbers: *Home* _____ *Cell* _____

Email Address: _____ Home Address: _____

Place of Employment: _____ Department: _____

Parent or Guardian #2

Name: _____

Phone Numbers: *Home* _____ *Cell* _____

Email Address: _____ Home Address: _____

Place of Employment: _____ Department: _____

EMERGENCY CONTACT NUMBERS

Contact #1

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

Contact #2

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

Contact #3

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

Contact #4

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

CHILD'S MEDICAL INFORMATION

Physician's Name: _____ Contact Number(s): _____

Address: _____

Preferred Hospital: _____ Address: _____

Preferred Dentist: _____ Address: _____

Special Conditions, Disabilities, Allergies or Medical Information for Emergency Situations:

HEALTH INSURANCE INFORMATION

Name of Insurance Company: _____

Insurance Plan: _____

Certificate Number (or ID): _____ Group Number: _____

Policyholder's Name: _____

PARENT/LEGAL GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

As a parent/guardian, I authorize facility staff to administer first aid to my child and to transport my child to a hospital if necessary. In the event that the charges are not covered by insurance, I will be responsible for the medical bills for my child.

Date: _____

Parent/Guardian #1 Signature: _____

Parent/Guardian #2 Signature: _____