

**Application Deadline:** Monday, June 3, 2019  
**Class Location:** Evergreen Community Room  
**Time:** 10:00 am-12:30 pm  
**Artmaking Media:** Multi-Media (You get to try lots of things)  
**Professional Teacher:** Jenn Binus  
**Dates:** June 11,12,13,14, 17, 18, 19, 20, 21  
**Give application to** Shannon Moyer  
**or email** info@artsaltoona.org



**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
(Last) (Middle Initial) (First) Month / Day / Year

Is English the primary language spoken in the home?	Yes	No
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**Primary Home Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Guardian 1 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Guardian 2 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Transportation Permissions** Describe permission/people/methods for getting to/from the program.

List names of people able to transport student:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Public transportation option:** \_\_\_\_\_

**Describe permission if walking home:** \_\_\_\_\_

**Health and Safety Information:**

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Hospital Choice:** \_\_\_\_\_

Specify any allergies and the nature of the allergic reaction:

Specify any medications currently being administered (Staff cannot administer medication.)

Indicate any physical activities to be restricted:

<b>Data/Photo Permissions:</b>	<b>I understand data will be collected about my child's growth during program participation.</b>	Please initial to confirm data agreement.
All data collected may be used for programming improvement and research purposes for ArtsAltoona, The Southern Alleghenies Museum of Art or by our visiting artist. Collected data can include pre and post questions, surveys, photographs of students and their artwork, emotional responses, and student school records. Data will be collected unless otherwise indicated.		_____

**Guardian Signature Authorizing Program Participation:** \_\_\_\_\_

*This class was created by ArtsAltoona and hosted by Evergreen Manors. Classes were made possible by a donation in honor of Tom and Lenora Irwin and funded in part from grants provided by the Southern Alleghenies Museum of Art, United Way of Blair County, Reliance Bank, Sams Club of Altoona, Stuckey Auto Dealerships, and L.S. Fiore.*