

# Open Minds FREE After School Art Clubs!

## Spring 2016 Permission Slip

PLEASE PRINT CLEARLY ON BOTH SIDES.  
Return permission slips to Creative Alliance at The Patterson 3134 Eastern Ave. Baltimore, MD 21224

STUDENT NAME: First \_\_\_\_\_ Middle Initial \_\_\_\_ Last \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

HOME STREET ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ BCPS STUDENT ID # : \_\_\_\_\_

ETHNICITY: (select one) \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino  
 Mexican, Mexican American, Chicano  Cuban  
 Puerto Rican  Other Hispanic, Latino or Spanish Origin

RACE: (select one)  
 Black or African American  Chinese  Korean  Samoan  
 White  Filipino  Vietnamese  Other Pacific Islander  
 American Indian or Alaska Native  Other Asian  Native Hawaiian  Bi-Racial  
 Asian Indian  Japanese  Guamanian or Chamorro  Other

### SITE:

\_\_\_ Creative Alliance 3134 Eastern Ave. (ages 7-10) February 16 – May 3. Tues & Thurs, 3-5pm

PARENT/ GAURDIAN CONTACT (first & last): \_\_\_\_\_

Relationship to student \_\_\_\_\_

PHONE NUMBERS: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

(E-mail) \_\_\_\_\_

### EMERGENCY Contacts:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Does your child have any medical conditions, allergies, dietary specifications, etc. we should know about?  
Please be specific:

**Please specify how your child will leave the program.**

(ex. "walk home" "picked up") \_\_\_\_\_

**Please specify who will pick your child up.**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### **Photography & Media Release**

**STUDENT NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

I hereby grant permission to the Creative Alliance to use my child's photograph or videotaped image for appropriate educational or publicity materials pertaining to the mission of the Creative Alliance.

I understand I will not receive compensation or royalties now or in the future for the use of my child's likeness.

**PARENT/ GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FAMILY INFORMATION:** (Please circle the answer that best applies)

**1. Is your household eligible for free or reduced lunch?** Yes No

**2. What is your household family status?**

- |  |  |
|--|--|
| <input type="radio"/> Single Parent- Mother    | <input type="radio"/> Legal Guardian- Non Relative |
| <input type="radio"/> Single Parent- Father    | <input type="radio"/> Foster Care                  |
| <input type="radio"/> Two Parent Household     | <input type="radio"/> Other Relative               |
| <input type="radio"/> Legal Guardian- Relative | <input type="radio"/> Other Non-Relative           |

**3. Is your family homeless?** (circle one) Yes or No

**4. Is your family a TANF recipient (Temporary Assistance to Needy Families)?** Yes No

The participant agrees to waiver any claims against the Creative Alliance for injuries incurred during *Open Minds Spring 2016*.

**Parent/ Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Open Minds art club Spring 2016 is an art education project of Creative Alliance. Funding for this project has been provided by Dept. of Housing & Community Development, Enoch Pratt Free Library, and our friends, donors, and the Creative Alliance members!*

**Please return all permission slips to Jess Davison at the Creative Alliance at the Patterson:  
3134 Eastern Ave. Baltimore, MD 21224 jess@creativealliance.org 410.276.1651 ext 201**

