

**Please return to:**  
ARTS-US  
1221 Marshall Ave  
St. Paul, MN 55104  
(651) 528-6871

# ARTS-US Camp Timbuktu!

September 5, 2023 – June 10, 2024  
Monday - Friday; 2:00pm to 6:00pm  
Registration Fee: \$25, \$15 for each additional children in family

**Program Fee: \$70 a month per child**

**All participants must be registered**

Extended Care may be offered on No School days: \$25 per day (Subject to change)

**Make checks payable to ARTS-US**

## **PARENT AUTHORIZATION**

PLEASE PRINT CLEARLY

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Student Info**

Last

First

M.I.

Date of Birth

Age

Grade

SEX: ☐Male ☐Female

School Attending

Ethnicity (requested for data collection /survey purposes)

Does student receive free or reduced lunch at school? ☐Yes ☐No

Street Address

Apartment #

City

State

Zip Code

County

Home Telephone  
(       )

Is Parent Address & Home Telephone same as student? ☐Yes ☐No

Student lives with:

☐ Both Parents

☐ Mother Only

☐ Father Only

☐ Grandparent(s)

☐ Other:

### **Parent Info**

Parent/Guardian 1

Parent/Guardian 2

Name

Name of Employer

Day Phone

Eve Phone

Address

City/State/Zip

Email

**ARTS-Us Programs NEED YOUR SUPPORT!** *Please check below to let us know how you'd like to help!*

- ☐ **Financial Contribution** in the amount of \$\_\_\_\_\_ to help other students participate
- ☐ **Donate :** \* SCHOOL SUPPLIES  
(please \* ART SUPPLIES  
circle) \* OTHER:\_\_\_\_\_

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Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST FIRST M.I.

**I give permission for ARTS-Us to call my child's doctor in case of an emergency.**

Physician's Name \_\_\_\_\_ Physician's Phone (\_\_\_\_\_) \_\_\_\_\_

Physician's Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

***Please list ALLERGIES/ASTHMA or any other medical information we should be aware of:***

**List three (3) people authorized to take responsibility for your student.**

Name	Relationship	Phone(s)	Address

- MY CHILD:**
- ☐ **DOES NOT** have permission to leave site/field without an adult.
  - ☐ has permission to leave building without an adult to go to the store (i.e. Holiday gas station ).
  - ☐ has permission to leave building without an adult as long as they stay on playground next to building.
  - ☐ has permission TO LEAVE ALONE at 6PM
  - ☐ has permission TO LEAVE with an older student/sibling at 6PM (*Please be sure to name above.*)

**Buss Stop Pick Up for K-1st grade (based off staff availability)**

**Bus stop pick up requirements:**

**-Parent or Guardian must call ahead to inform ARTS-US staff that there child will not be on the buss.**

**Failure to meet these requirements could result in loss of service.**

- I understand that I am responsible for observing (and ensuring that my student adheres to) all program rules & policies.
- **FIELD TRIPS:** I give permission for my child to participate in walking field trips of one mile or less. I understand that all field trips will be supervised by ARTS-Us staff and/or volunteers.
- **SUNSCREEN and INSECT REPELLENT:** I give permission for application of sunscreen and insect repellent.
- **DVD or VIDEOS:** I give permission for my child to watch "G" rated DVDs or videos. I understand that children are supervised during this time and that alternative programming is provided if requested.

- **MEDICAL EMERGENCIES:** I give permission for ARTS-Us to take whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the ARTS-Us staff.
- **EXCHANGE of INFORMATION:** In order to better serve my child's needs I give my consent to an exchange of information between ARTS-Us staff and the staff at my child's school, e.g., the classroom teacher, special education staff, nurse, social worker, principal, etc. I also authorize ARTS-Us to obtain a copy of my child's IEP, if one is on file.

**IN CASE of a MEDICAL EMERGENCY,** I understand that my child will be transported to the nearest hospital OR (preferred hospital) \_\_\_\_\_ by ambulance if the local emergency resource (police, or rescue squad) deems it necessary. I will be responsible for the cost of transportation. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent/guardian, child's physician, and/or another adult acting on the parent's behalf.

**PAYMENTS/FEES:** Students are registered once the registration fees and this completed form are received.

**Registration Fees are due by September 5th, 2023, in order to plan for supplies & staff appropriately.**

Exceptions to this rule are only valid in the event that ARTS-Us has agreed upon another payment arrangement.

**Monthly Registration fees are due the first of each month. Each payment not received by arranged due dates will be assessed a \$10 late fee, plus an additional fee of \$5 per week for each week it is past due.**

***\*\*\*All payments submitted to ARTS-Us are final and non-refundable.\*\*\****

**PUBLICITY:** I hereby give my permission for my child to participate in community performance activities related to this ARTS-Us program.

**\*Media Permission:** I understand that media (i.e. – photographs, articles, video footage, etc.) of this ARTS-Us program may include my child or myself, and I hereby give ARTS-Us permission to use such media for public relations and promotional purposes unless I have informed ARTS-Us in writing. I hereby release ARTS-Us from any and all claims arising out of or in connection with the use of media related to this ARTS-Us program for public relations and promotional purposes, including any and all claims for libel.

☐ I give permission for my child's name to be used in media coverage ☐ Do not use my child's name in media coverage.

**\*\*Pick-Up: Please pick-up all after-school participants by 6:00PM, and call or text if you are going to be late.**

**Additional time after 6:00pm cuts into staff's personal time outside of work.**

**Thank you in advance for your promptness.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## **ARTS-US After School Timbuktu Leadership Agreement**

(Please read to your child/ren)

Dear Parents & Participants,

ARTS-US seeks to build and sustain a safe and positive learning environment for every child during our programs. As we strive to meet our mission of developing youth leaders in and through the arts, we have foundational expectations of each participant.

### **At ARTS-US we:**

- Actively participate in programming options
- Use positive language when talking to each other
- Follow the directions of our leaders and guests presenters
- Respect each other's personal space
- Respect the building by keeping it clean and reporting any damage
- Stay with our group during programming and while we are on field trips
- Reflect on our experience, our actions and processes

### **Positive Reinforcement**

When participants are engaged in the work that they are doing we will reinforce their positive leadership by verbal praise, small rewards/prizes and talking with parents. In addition, your child's leadership will earn privileges, redeemable for fun group activities or opportunities to attend walking field trips in our community.

### **Leadership Coaching**

When participants are not engaged in our workshops or having a rough day, ARTS-US staff and volunteers will be there to coach your child through a process where they can work to solve their problem. In situations where your child needs your support to find a resolution, we will contact you via phone.

### **Leadership Coaching Plan**

## **Safety is our #1 priority**

If we need to contact you because your child needs additional support more than three times during the school year you will need to meet with the Program Director to develop a personalized Leadership Coaching Plan to ensure your child has the support they need to be successful in the program.

It is our preference that all children have the opportunity to learn from their mistakes and have the opportunity to work to prove that they want to be here and can get back on track to earn back privileges and responsibility. Once a resolution is made we will take note of what works for your child. As your child makes positive progress toward the goals in their leadership coaching plan, they will be rewarded.

\*Should we determine that your child needs time away from the program because of:

- Intentionally putting the safety of themselves or others at risk
- The frequency or severity of their behavior
- Fighting
- Use of abusive language or actions toward staff, volunteers, presenters, etc.

The program director will document the incident(s) and make a recommendation to the board chair on whether sustained involvement in the program will be safe them and others involved with ARTS-US. Should it be determined that re-entry to the program is safe and your child desires to remain involved in the program, they will need to 1) issue an apology to impacted parties 2) demonstrate to their parent / guardian and the Program Coordinator that they have learned from the situation and have the ability to handle the responsibility of being a leader.

I have read the Young Artist Leadership agreement, discussed it with my child. Please sign below :

\_\_\_\_\_ (parent) \_\_\_\_\_ (date)

Please review the expectations for the contract below and make sure you are discussing them with your child. As an after school program it is our first priority that participants are provided a safe space, to not only learn about art in the African Diaspora, but also learn about their identities as future leaders within our community. This behavior contract ensures that your child will be getting the most out of all of the programming offered at ARTS-US.

I, \_\_\_\_\_, hereby declare on this

(PRINT CHILDS NAME)

date, \_\_\_\_\_, that I agree to do the following:

#### Expectations

- Respect yourself and all other ARTS-US participants, staff, and community
- Help keep ARTS-US a safe, clean, and friendly facility
- Use appropriate language
- Remain in your assigned area
- Keep hands, feet, and other objects to yourself
- Complete tasks on time
- Use materials appropriately
- Raise your hand and wait to be recognized before talking

#### CONSEQUENCES

1. Verbal Warning (-2)
2. Call Home to Parent
3. One Day Suspension
4. One Week Suspension
5. Removal from ARTS-US Program

#### REWARDS

1. Verbal Praise
2. Prizes
3. Certificates
4. Recognition in the ARTS-US Constant contact email Newsletter
5. Additional free choice time
6. ARTS-US Helper of the Day
7. Solo opportunities during performances
8. Peer tutoring in other workshops with younger students
9. Field trips and other community-based experiences