



Creative Connections Registration:

Please indicate which term you are applying for:

Fall Term (Oct – Dec): Application Due by Sept 30

Winter Term (mid Jan – Mar): Application due by Jan 8

Spring Term (April – May): Application due by March 20

Please Fill Out All Information – Please Print

Student Name _____ Preferred Name _____ Student's Age _____ Date of Birth ___/___/___ Gender _____ Grade _____ School _____ Allergies or other conditions: _____ _____		Parent/ Guardian _____ Street Address _____ City _____ Zip _____ Phone 1 _____ Phone 2 _____ Emergency Contact: _____ Name Relationship Phone # E-mail: _____ (to receive information about future Reach activities – will not be shared)	
I give Reach Studio Art Center permission to photograph, videotape, and /or record my child for publicity purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No		(this information is tracked for funding purposes only): Race or Ethnicity <input type="checkbox"/> Native American /Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other (specify) _____ _____	
Please tell us how you learned about Reach Studio: Newspaper or other publication School Friend or relative Website or online Drove by and saw Reach Other: _____		I live within 1.5 miles from Reach Studio <input type="checkbox"/> Yes <input type="checkbox"/> No	
		My child participates in the free or reduced meal program at school: <input type="checkbox"/> Yes <input type="checkbox"/> No Child lives with: <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other (specify) _____ _____ Are there restrictions regarding parental contact? <input type="checkbox"/> No <input type="checkbox"/> Yes (please attach note if yes)	

Attendance Day: (Choose 1)

- Tuesday
- Wednesday
- Either day works

Due to limited enrollment, you will be notified regarding acceptance into the program by the Friday before the term start date.

I am interested in having my child be matched with a year-long adult mentor through the Creative Connections program. Yes No

Please read the following and CHECK the items that apply:

- I agree to drop my child off no earlier than 4:00 and pick my child up no later than 6:00 at Reach Studio (late pick-ups may result in child not being allowed to return to the program).
- I am willing to help provide a ride for other participants I would like to carpool with other parents
- I understand that my child is expected to be respectful and to participate in the activities during the program. If my child does not meet these expectations, I will be notified. Continued participation by my child in the Creative Connections program will depend on his/her meeting these expectations.
- I am interested in providing a snack for Creative Connections.
- The person(s) named below may also pick up my child:

1. _____ 2. _____ 3. _____

Parent/Guardian Signature: _____ Date: _____