



Enrollment Agreement

Program Information

PROGRAM START DATE: **June 24 or June 25**

PROGRAM LOCATION: Barnstone Art for Kids, 388 W. Pothouse Rd, Phoenixville. The entrance is on 2ND Floor.

Summer program will meet for 6 weeks, from June 24 – July 31 (including the week of the 4th of July).

We ask that you inform us when your child is unable to attend.

Any changes in program dates will be communicated to you directly. In the event of severe or inclement weather, programs may be canceled. Should this occur, we will make every attempt to contact you.

While we cannot guarantee placement, which group is would you prefer?

- Tuesday Young Artists (ages 6-12) from 10 AM - 12PM
- Tuesday Teen Artists (ages 13-18) from 1 - 3 PM
- Wednesday Young Artists (ages 6-12) from 10 AM - 12PM
- Wednesday Teen Artists (ages 13-18) from 1 - 3 PM

As we operate in small groups, your child will be exposed to other children. Do you have any concerns about your child in a group setting? _____

Occasionally we provide food/snacks. Are there any issues regarding food? Yes No

If yes, please explain _____

Contact Information

The safety of children participating in our program is our top priority. Barnstone will release your child only to the parents and guardians listed or to the other emergency contacts you authorize below.

_____ Parent/Guardian #1 Name	_____ Relationship to child	_____ Cell phone
_____ Home address	_____ Email address	_____ Home phone
_____ Employer and address	_____ Drivers license # and state	_____ Work phone



 Parent/Guardian #2 Name Relationship to child Cell phone

 Home address Email address Home phone

 Employer and address Drivers license # and state Work phone

	Authorized Emergency Contact 1	Authorized Emergency Contact 2	Authorized Emergency Contact 3
Name			
Relationship			
Address			
Phone			
Alternative phone			

Allergy Information

Medications: _____ Reaction: _____

Food: _____ Reaction: _____

_____ Reaction: _____

_____ Reaction: _____

Respiratory: _____ Reaction: _____

Bee sting: _____ Reaction: _____

Other: _____ Reaction: _____

Are any of the allergies severe or life-threatening No Yes (if yes, talk to Barnstone about completing an allergy plan)



Terms

Initial

- _____ I will contact Barnstone Art for Kids if my child will be absent on any assigned program day.
- _____ Barnstone Art for Kids collects information to satisfy requests for program effectiveness and documentation required by funders for continued financial support. Your personal information will be kept confidential and will not be released to any grant, foundation, or donor for any reason.
- _____ I understand that Barnstone Art for Kids may terminate my child’s participation if he/she fails to comply with behavioral requirements particularly regarding the safety of self, mentors, peers, facility, equipment, and supplies.
- _____ I give Barnstone Art for Kids permission to communicate with me by telephone, text, email or other means. I understand Barnstone Art for Kids’ privacy policy applies to the information I provide.
- _____ I/we understand that late arrival or early pick-up affects the dynamics of the entire group and will make every possible effort to arrive and pick up on time.
- _____ I/we understand my child will be released only to myself or the individuals authorized above.
- _____ I understand that Barnstone Art for Kids may photograph/video children during programs. I/we consent to the use of these photographs/videos for Barnstone Art for Kids communication and/or promotional purposes.
- _____ I understand Barnstone Art for Kids is largely a volunteer organization. Mentors are trained and receive background clearances, but they are not professional/licensed day care workers or therapists.

I have read, understand, and accept all of the terms in this agreement. I will promptly update any information provided in this agreement if any of the information changes. Barnstone Art for Kids does not have the authority to change the terms of this agreement (other than inserting information where required) either verbally or in writing. A child may be dis-enrolled by Barnstone Art for Kids without prior notice if, in the sole opinion of the Executive Director, it is in the best interest of the child or Barnstone Art for Kids. We reserve the right to alter policies and/or programs at any time. The terms of this agreement are subject to change in whole or in part by Barnstone Art for Kids with 30 days’ notice.

Primary Parent/Guardian Signature	Date
BAFK Representative Signature	Date

We are looking forward to working with you and your child. We are committed to making your child’s time with us a positive one. Please call us any time, no matter how small your question may seem—especially in the first few weeks, as you and your child become familiar with our services.

Today's Date: _____

NEW PARTICIPANT INTAKE

Parent/Guardian Name _____ Phone _____

Address _____
street city state zip

Email _____

Child Name _____ Age _____ Date of Birth ____/____/____

Gender _____ Ethnicity _____ School _____ Grade _____

Describe current living arrangement _____

Referral? Yes No

How did you hear about Barnstone? _____

Please tell us in your own words how we can help. _____

What are your 2 most important goals for your child?

1. _____
2. _____

Our program is designed to support development of communication skills, problem solving skills, social skills, creativity and craftsmanship. Children are paired with volunteer mentors. Mentors are trained and receive background clearances, but they are not professional/licensed day care workers or therapists. Your input is important in helping us match your child's needs with our mentor's capabilities. With that in mind, please answer the following questions so that we can better asses our ability in working with your child.

Does your child have an IEP? Yes No

What services are provided? _____

Please indicate any recommended health or behavioral modification to have in place to best accommodate your child.

Other pertinent issues/information (medical, behavior, family):

Barnstone Art for Kids serves children experiencing adversity. Eligibility for the Power of Art Program is determined based on the ACEs (Adverse Childhood Experiences) survey. The ACE scale quantifies adversity in three categories: abuse, neglect and household dysfunction. We recognize that adversity of this kind is frequently passed down generation to generation and acknowledge your courage in requesting help.

Your personal information will be kept confidential and will not be released to anyone outside the organization for any reason.

Action Taken: _____