



**Patchwork  
Central**  
Creating Community

## “Arts & Smarts” Registration Form School Year 2011-2012

Child’s Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ other phone \_\_\_\_\_

Name of Parent(s) or Guardian(s) \_\_\_\_\_

If parents are divorced, who has custody of child? \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child’s Race \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Please list any allergies or food restrictions your child has \_\_\_\_\_

Emergency contact person (Other than guardian) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_ other phone number \_\_\_\_\_

Emergency contact address \_\_\_\_\_

How will your child arrive at the program? \_\_\_\_\_

How will your child return from the program? Walk \_\_\_\_ Will be picked up by \_\_\_\_\_ Other \_\_\_\_\_

How did you hear about Patchwork’s children’s programming? \_\_\_\_\_

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**Please register my child in (check all that apply):**

- Tutoring – Grades 1-5 Begins Tuesday, September 6, 2011**  
 (Please select preferred time slot)    Monday & Wednesday    *or*    Tuesday & Thursday
 

<input type="checkbox"/> 2:30-3:15 p.m.	<input type="checkbox"/> 2:30-3:15 p.m.
<input type="checkbox"/> 3:15-4:00 p.m.	<input type="checkbox"/> 3:15-4:00 p.m.
<input type="checkbox"/> 4:00-4:45 p.m.	<input type="checkbox"/> 4:00-4:45 p.m.
  
- Art & Stuff – Grades 2 and Up Monday-Thursday; 2:45-4:45**
  - Begins Thursday, September 22
  - Includes: Arts, Cultures, Art & Co., Walk ‘n Talk, Book Club, Gardening, Cooking, and more!
  
- Leadership Training – 6<sup>th</sup> -12<sup>th</sup> grades Monday-Thursday; 3:00-5:00**
  - Begins September 6-Sept 22. Successful participants will be invited to volunteer as youth leaders in Patchwork’s After School Arts program through the rest of the school year.
  - Jr. Helpers and Teen VOLunteers lead younger children after school and act as positive role models.

**SIGNATURE REQUIRED ON BACK...**

**Emergency Medical Information**

Family/Child's Physician \_\_\_\_\_ phone \_\_\_\_\_

List/explain any allergies, medications, medical problems or existing conditions that require special attention \_\_\_\_\_

List any disabilities your child has. \_\_\_\_\_

Do you have a hospital preference? \_\_\_\_\_

**Income Information: REQUIRED!**

**Please circle the square below that matches BOTH your family's income and the number of people in your household.** You will not be required to show additional proof of income. Patchwork is required by one funding source to ask about our program participants' family income.

Number in Household	Family Income	
	<b>1 Person</b>	\$0 - \$35,250
<b>2 Persons</b>	\$0 - \$40,250	\$40,251 + up
<b>3 Persons</b>	\$0 - \$45,300	\$45,301 + up
<b>4 Persons</b>	\$0 - \$50,300	\$50,301 + up
<b>5 Persons</b>	\$0 - \$54,350	\$54,351 + up
<b>6 Persons</b>	\$0 - \$58,350	\$58,351 + up
<b>7 Persons</b>	\$0 - \$62,400	\$62,401 + up
<b>8 Persons</b>	\$0 - \$66,400	\$66,401 + up

**\*\*PARENT/GUARDIAN SIGNATURE:**

I, the undersigned parent or guardian of the minor child named above, hereby grant permission for this child to participate in all activities as part of the programs described including off-campus activities. Further, I agree to assume all risks and liabilities associated with my child's participation in said program(s) and to hold Patchwork Central and all Patchwork Central employees, interns, and volunteers harmless from all claims that may arise as a result of such participation. In case of emergency, I hereby authorize Patchwork Central and its staff to obtain medical care for my child.

Patchwork Central has my permission to photograph and/or videotape the minor child named on this form and his or her artwork during the program(s) for publicity purposes and use in all media.

**Parent/Guardian Signature** \_\_\_\_\_ **date** \_\_\_\_\_

Please return this form to: Patchwork Central, Inc., 100 Washington Ave, Evansville, IN 47713-1521 • Phone: 424-2735