

# YOUTH PROGRAMS / SPRING SATURDAY STUDIOS REGISTRATION

## STUDENT INFORMATION

### ETHNICITY SURVEY

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Non-USA Resident                 | <input type="checkbox"/> White Non-Hispanic | <input type="checkbox"/> Black Non-Hispanic       | <input type="checkbox"/> Hispanic     |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Other              | <input type="checkbox"/> Asian / Pacific Islander | <input type="checkbox"/> Cape Verdean |
| <input type="checkbox"/> Multi-ethnic                     |   | <input type="checkbox"/> I do not wish to report  |                                       |

Student Name

Grade (Fall '18)

Nickname/Preferred Name

Date of Birth

Student Email

Gender M / F / NB

If your gender identity is different than the sex you indicated above, please feel free to describe your gender identity here.

Parent/Guardian Name

Parent/Guardian Email

Parent/Guardian Mobile Contact Number

Parent/Guardian Contact Number 2

School Attending

Address

Art Teacher

City/State/Zip

Art Teacher Email

Student Cell/Mobile Number

School Address

## SPRING SATURDAY STUDIOS

Please indicate 1st, 2nd, and 3rd choices. If your 1st choice class is full at the time of registration, you will be placed in your 2nd choice class. If your 2nd choice class is full at the time of registration you will be placed in your 3rd choice class.

MAR 16 – MAY 4, 2019

GRADES 3–12

SATURDAYS, 9:30-NOON

PRICE: \$175

- |  |   |
|--|---|
| <input type="checkbox"/> Art Explorations GRADES 3–5             | <input type="checkbox"/> Photography GRADES 9–12  |
| <input type="checkbox"/> Comic Book Art GRADES 6–8               | <input type="checkbox"/> Animation GRADES 9–12    |
| <input type="checkbox"/> Painting GRADES 6-8                     | <input type="checkbox"/> Painting GRADES 9–12     |
| <input type="checkbox"/> 3D Sculpture GRADES 6-8                 | <input type="checkbox"/> 3D Sculpture GRADES 9-12 |
| <input type="checkbox"/> Fibers GRADES 9–12                      | <input type="checkbox"/> The Figure GRADES 11&12  |
| <input type="checkbox"/> Drawing in the 21st Century GRADES 9–12 |   |

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## DROP OFF AND PICK UP PROCEDURES

PLEASE DO NOT DROP YOUR CHILD OFF ON HUNTINGTON AVENUE!!!  
IT IS ILLEGAL TO STOP ON HUNTINGTON AVENUE, IT IS A BUS LANE.

FOR STUDENTS 12 YEARS OLD OR OLDER

**Parking:**

For parents or guardians who wish to walk their children to class or for older students with their own cars, the MassArt parking lot on Ward St. is available for free to Saturday Studios parents and participants. Use the callbox at the gate to gain entrance to the lot.

**Evan's Way/Tetlow Street:**

For those parents who choose to drop their children off from their cars in the morning, MassArt requests that parents or guardians of Saturday Studios students leave their children at the Evan's Way/Tetlow St. entrance to the Tower Building. Saturday Studios staff will be present between 9:15 and 9:30 a.m. to guide students to their classes.

**MBTA:**

For families who prefer to use public transportation or for older students who will be coming to class on their own, the Longwood T stop of the Green Line "E" train is located on Huntington Avenue in front of the MassArt Campus.

FOR STUDENTS UNDER 12 YEARS OF AGE

Students under 12 years of age must be dropped off and picked up by a parent, guardian or authorized person age 12 or older. Students should be escorted by that designated person to their classroom and will wait at their classrooms until they are signed out. After 12:15 PM when pick-up is unavoidably delayed students will wait at the public safety desk outside South 102, the Saturday Studio's office. MassArt will not allow any student under the age of 12 years to leave on his or her own.

Please complete the form below if your child is under 12 years of age.

Please indicate below who is authorized to pick up your child from the Saturday Studios program. An authorized person may be a parent, guardian, or designated person age 12 or older.

"I, \_\_\_\_\_, give permission for the following people to pick up my child, \_\_\_\_\_, from his or her Saturday Studios class.

_____ 1. Name	_____ Relationship to Student
_____ 2. Name	_____ Relationship to Student
_____ 3. Name	_____ Relationship to Student
_____ 4. Name	_____ Relationship to Student
_____ 5. Name	_____ Relationship to Student

I understand that only people authorized by me in writing may pick up my child and that my child must be signed out from his or her classroom (or outside South 102 when pick-up is unavoidably delayed).

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

\_\_\_\_\_  
Date

# YOUTH PROGRAMS / SPRING SATURDAY STUDIOS REGISTRATION

**REGISTRATIONS MISSING PARENT/GUARDIAN SIGNATURES ARE CONSIDERED INCOMPLETE**  
**\*\*\* BE SURE TO CHECK THAT ALL FIELDS ARE COMPLETE \*\*\***

## CONSENT FORM

Student Name \_\_\_\_\_

### FIELD TRIP CONSENT

"I permit my son/daughter to attend and participate in field trips that are part of this program."

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PHOTOGRAPHY/VIDEO CONSENT

"I grant Massachusetts College of Art and Design permission to photograph/video and publish pictures of my son/daughter as he/she participates in the Program."

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### THE FIGURE CONSENT

For students enrolled in "The Figure", a signature indicating parental consent to the use of nude models is required.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### LIABILITY WAIVER

"I, the undersigned parent or guardian of

\_\_\_\_\_, a minor, do hereby consent to my child's participation in this voluntary Youth Program and do forever release the Massachusetts College of Art and Design (including the Commonwealth of Massachusetts and the Board of Higher Education) and its trustees, officers, employees, agents, volunteers, successors, and assigns (collectively the "Releasees") from any and all liability, and waive any and all claims, for injury, loss or damage, including attorney's fees, in any way connected with my child's participation in the Youth Programs (the "Program"), whether or not caused by my child's negligence or other misconduct of the College or any of the Releasees. I forever release, acquit, discharge and covenant to hold harmless the Releasees from any and all causes of action and claims on account of, or in any way growing out of, directly or indirectly, my minor child's participation in the Program, including all foreseeable and unforeseeable personal injuries or property damage, further including all claims or rights of action for damages which my minor child may acquire, either before or after he or she has reached his or her majority, resulting from his or her participation in the Program. I agree to indemnify and to hold harmless the Releasees from all claims (in other words, to reimburse the Releasees and to be responsible) for liability, injury, loss, damage or expense, including attorneys' fees (including the cost of defending any Claim my child might make, or that might be made on my child's behalf, that is released or waived by this paragraph), in any way connected with or arising out of my child's participation in the Program."

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL FORM

### ALL APPLICANTS MUST FILL OUT THIS MEDICAL FORM COMPLETELY.

Students will not be permitted to start the program until a completed medical form has been submitted.

Name of applicant \_\_\_\_\_

### AMERICANS WITH DISABILITIES ACT (ADA) REQUESTS:

MassArt is committed to assisting all qualified students who are in need of reasonable accommodations in their coursework. Accommodation requests must be received in writing to Youth Programs three weeks prior to the start of the program. \*\*Please note this information needs to be updated with each registration. Accommodation requests are not kept on file.

### MEDICAL RELEASE/PARENTAL CONSENT FORM

"The parent/guardian signature confirms that the student is able to participate in the Program with reasonable supervision. I hereby grant Massachusetts College of Art and Design and its employees or designated agents my permission to take whatever actions they may consider necessary to safeguard my child's health and safety. Without further consent and at my own expense, I authorize Massachusetts College of Art and Design and its employees or designated agents, if necessary, to secure emergency medical treatment and services as a result of injury occurring during my child's participation in the program."

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### MEDICAL INFORMATION/SIGNATURE

Under state law, all participants are required to have up-to-date immunizations for the following: Diphtheria, Tetanus, and MMR (Measles, Mumps, Rubella). Parent/Guardian signature certifies that your son/daughter has the above immunizations.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please cite any known allergies to food, medication, insects, pollen, etc. \*\*Please note this information needs to be updated with each registration.

Is the participant currently under medical treatment or taking medication? If so, please describe. \*\*Please note this information needs to be updated with each registration.

Name of doctor or nurse \_\_\_\_\_

Insurance Company \_\_\_\_\_

# YOUTH PROGRAMS / SPRING SATURDAY STUDIOS REGISTRATION

## BILLING AND PAYMENT

\_\_\_\_\_  
Student Name

### BILLING INFORMATION (PARENT/GUARDIAN)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

### AGREEMENT

The signed registration indicates that the parent/guardian is responsible for all financial costs incurred by the student while at Massachusetts College of Art and Design. I certify that all information provided is true.

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

\_\_\_\_\_  
Date

## SCHOLARSHIPS

I am requesting a scholarship and have enclosed a \$25.00 payment. I have included a letter of support from my art teacher (or school principal) and my family financial information is below.

\_\_\_\_\_  
Annual Household Income

\_\_\_\_\_  
Number of Family Members

I would like to pay my scholarship deposit by credit card. Please send me a link via email to pay online.

## PAYMENT

Please enclose your check or money order payable to Massachusetts College of Art and Design (MassArt).

If you would like to pay the course fee by credit card, please check the box below. Once your application has been processed, you will receive an email with a link to our secure payment system.

I would like to pay by credit card. Please clearly write the email address of the person responsible for payment:

\_\_\_\_\_  
Email

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**REGISTRATIONS MISSING PARENT/GUARDIAN SIGNATURES OR DEPOSITS  
ARE CONSIDERED INCOMPLETE**

**BE SURE TO CHECK THAT ALL FIELDS ARE COMPLETE BEFORE SUBMITTING  
YOUR REGISTRATION FORMS**

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Please fax your completed registration to:

617-879-7171

Attn: Youth Programs Coordinator

or

Please email your completed registration to:

k12@massart.edu

or

Mail completed registrations to:

Youth Programs

Massachusetts College of Art and Design

621 Huntington Ave.

Boston, MA 02115