



After-school Arts Registration / 2020–21 School Year

Bigger Sky Kids invites children to explore, experiment and engage their imaginations through artistic activities using a variety of media. There are no “right” answers in the arts. At B!SK students are free to access their creativity without fear of being graded, judged or compared.

Please print all information clearly.

Name of child (print) \_\_\_\_\_

Gender (circle one) Female Male

Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

Month / Day / Year

Home address \_\_\_\_\_

House or apartment number / Street / Town

Parent / Guardian 1 (emergency contact and authorized to pick up child)

\_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Parent / Guardian 2 (emergency contact and authorized to pick up child)

\_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Additional authorized pick-up person(s) / emergency contact(s)

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Please note if anyone is PROHIBITED from contacting or checking-out the student.

Specify the individual(s) below:

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name of Parent / Legal Guardian (print) \_\_\_\_\_

Parent / Guardian (sign & date) \_\_\_\_\_

**Medical Information**

Known allergies \_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_\_\_

\_\_\_\_\_

Preferred Physician & Clinic \_\_\_\_\_

Anything else we should know about your child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Student Contract

Name of child (print) \_\_\_\_\_

I understand & agree to meet the following expectations:

- I will report to the program immediately after school unless previous arrangements have been made.
- I will sign in when I arrive and again when I leave.
- I will stay within the supervised area at all times.
- I will follow all rules & directions from staff members.
- I will check my electronics & get staff permission before using my cell phone.
- I will avoid inappropriate language
- I will eat and drink in designated areas
- I will resolve disagreements in a positive way
- I will be respectful of other members and their property

BIGGER SKY KIDS provides a safe, nurturing environment that excludes bullying / harassment / fighting. Violation of this policy includes:

- Physical assaults (touching in angry ways)
- Threats (“Better watch your back,” “I’m gonna hurt you,” “We’re gonna get you,” etc.)
- Harassment (always bothering someone)
- Name-calling
- Racial slurs
- Intimidation
- Sexual harassment — physical or verbal
- Spreading rumors
- Extortion
- Foul language
- Taunting
- Making insulting remarks about another student’s family members
- Using the internet to harass, threaten, verbally abuse, intimidate, or spread rumors

BIGGER SKY KIDS believes in the restorative-justice model in order to engage students in peer mediation and conflict resolution. Restorative-justice helps individuals resolve conflicts before they turn into bigger issues and is an effective alternative to punitive responses to wrongdoing. Inspired by indigenous traditions, it brings together persons harmed with persons responsible for harm in a safe and respectful space, promoting dialogue, accountability, and a stronger sense of community.

I have read and understand the bullying / harassment / fighting policy of BIGGER SKY KIDS and agree with the restorative-justice model of conflict resolution.

**Student** (sign & date) \_\_\_\_\_

**Name of Parent / Legal Guardian** (print) \_\_\_\_\_

**Parent / Guardian** (sign & date) \_\_\_\_\_

**Authorization to Produce and Use Audiovisual Materials**

**Name of child** (print) \_\_\_\_\_

I hereby voluntary and without compensation authorize BIGGER SKY KIDS to produce photographs, videos and Power Point Presentations of the below named student. This authorization is given on the condition that the materials taken or produced will be used solely for the purpose of community education or program promotion. I understand BIGGER SKY KIDS and its employees will not use these materials for compensation.

I understand that this grant of permission shall only be revoked by a written instrument delivered to the coordinator of BIGGER SKY KIDS. This consent shall remain in effect, unless revoked.

**Name of Parent / Legal Guardian** (print) \_\_\_\_\_

**Parent / Guardian** (sign & date) \_\_\_\_\_