

# ARTS CENTER PARENT PACK



Dear Parent/Guardian,  
We are so excited to welcome your child for another round of camp at The Arts Center!  
Please carefully review the following forms, as they contain important information about our program.

**All ENCLOSED FORMS MUST BE FILLED OUT AND RETURNED ON DAY 1 OF CAMP**

## General Camp Info

### **Camp Cancellations**

If camp is cancelled for any reason, parents/guardians will be notified via email at least 2 hours prior to the start of class. Cancelled camps will either be rescheduled, or refunded to the original form of payment in full. Inclement weather cancellations are based off of the Troy Central School District.

### **Refunds**

No refunds, credits, adjustments, or pro-rated discounts can be made if your child misses camp for any reason (including illness, scheduling conflicts, etc.). In order to ensure you receive a full refund for withdrawal, your request must be processed at least *14 days prior to the start of camp.*

### **Pizza Day!**

**On Thursday's, students will be provided with lunch!**

2 slices of pizza (cheese), 2 Cookies (Oreos, gluten free are available), juice box/water

## **CAMP POLICIES/F.A.Q.**

### **Pronouns**

The Arts Center respects all students in their gender expression and will use whatever name and pronoun your child/ren requests. If your child goes by a pronoun that is different from their perceived gender, please note that on the third form of this document.

### **Student Absences**

If you know your student will be late or absent from a day of camp, please email [Alicia@artscenteronline.org](mailto:Alicia@artscenteronline.org), or speak to our front desk staff by calling 518-273-0552 so we may inform your instructor. If your student is experiencing illness including fever, nausea, vomiting or other significant ailments, we do ask that your child stays home for the day. *Pro-rated refunds cannot be issued for missed classes.*

### **What to wear/bring**

Students should wear comfortable clothes that may be stained with paint or other art media. All art materials are provided by ACCR. Students are welcome to bring their own smock or apron. Students are not provided with individual storage spaces (i.e., cubbies) for their personal items, so we recommend that students bring backpacks. *Do not bring objects of value! The Arts Center is not responsible for any lost, stolen, or damaged items.*

### **Food**

There are two snack breaks and a lunch hour each day. Students will not be provided with food or snacks, besides on Thursday's pizza day. Refrigeration and microwave are not available. Please make sure to pack enough snacks! Because many children have food allergies or are sensitive to ingredients in certain food products, it is our policy that lunches not be traded or shared between students. We also ask that students do not bring peanut-butter or peanut products for children allergic to peanuts.

### **Going Outside**

Campers often take walks during class with accompanied by the instructor. Weather permitting, campers may also occasionally take their lunch hour outside accompanied by Camp Counselors.

## CAMP COMMUNITY STANDARDS

The Arts Center of the Capital Region fosters an environment of respect and inclusivity. All campers of the Arts Center of the Capital Region **must** abide by the following rules:

1. Treat those around them with respect and dignity as our young community is learning to identify and express themselves. This refers to our community members' creative expression and use of names and pronouns.
2. Always follow safety instructions given by the teacher and safely manipulate the material they are handling.
3. Work independently and without excessively interrupting the instructor and/or other students.
4. Adhere to our Harassment Prevention Policy in which no member of the community shall be subjected to harassment or discrimination based on a person's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender identity, or sex on The Arts Center property. **No hitting, pushing, bullying, cursing, teasing, or any other behavior that will negatively impact one another.**
5. Adhere to all local, state and federal laws. Smoking of any kind, including vaping, is *strictly prohibited*.

### Discipline Policy

The Arts Center has the right to request a student modify his/her/their behavior and to dismiss a student for not adhering to the above community standards. Due to the short time-frame of camp, ACCR operates on a two-strike policy. Students may be asked to sit out of activities as a result of a strike. After two strikes, the student behavior will be reviewed, and they may be expelled from camp. ACCR will NOT issue a refund to a student who has been expelled due to behavior.

### How to Report Violations

Incidents of harassment may be pursued through informal intervention and mediation or through the filing of a formal complaint. All reports are kept confidential. Students and parents are encouraged to report bullying incidents to a staff member (The Arts Center CEO, admin staff, instructors or front desk staff).

### Contact

Alicia Barton, Director of Public Programs/Camp Director, [Alicia@artscenteronline.org](mailto:Alicia@artscenteronline.org)  
Front Desk Receptionist, 518-273-0552

**I have reviewed these policies with my child/ren, and agree to abide by the Camp Community Standards:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

# STUDENT REGISTRATION FORM

Name of camp child is attending \_\_\_\_\_

Child's Name (or preferred name if applicable) \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Pronouns \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Approved adults who may pick up my child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Preferred Phone \_\_\_\_\_

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## SELF SIGN-IN/OUT AGREEMENT

**\*\* Applies ONLY to camp attendees 12 and older \*\***

By checking the box below, I am agreeing to:

Allow my child to sign themselves in and out of camp. I will not be picking up and dropping off my child during his/her attendance at the Arts Center's Summer Camp.

My child may leave the Arts Center during lunch and other breaks without supervision.

*My child will observe local and state laws, and if not, I acknowledge that the Arts Center may not intervene on behalf of my child.*

I agree to allow my child to sign themselves in and out of camp (Child MUST be 12+)

# STUDENT HEALTH FORM

Child's Name \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Has your child had any of the following? *Please circle all that apply.*

Heart Disease	Yes	No
Severe Allergies	Yes	No
Asthma	Yes	No
Epilepsy	Yes	No
Diabetes	Yes	No

Do they take medication?    Yes    No

If yes, please list purpose, drug names and dosages: \_\_\_\_\_

\_\_\_\_\_

Every Studio in The Arts Center is equipped with basic first aid supplies. If a child needs to take medication during the camp day, it must be sent in the original container with specific directions clearly noted.

A note from a parent or guardian must accompany the medication giving permission for the Arts Center staff to administer it. All medications will be held in a locked container.

Please note, according to regulations from the New York State Health Department, over-the-counter medications cannot be administered by program staff. This includes any form of aspirin or ibuprofen.

**Please add anything we should know about your child's health that we should know:**

_____
_____
_____
_____
_____

Consent of Parent/Guardian for Emergency Treatment

I, [Parent/Guardian name] \_\_\_\_\_, pursuant to the authority vested to me as parent/guardian of [child's name] \_\_\_\_\_, do hereby authorize the staff of The Arts Center of the Capital Region, to exercise for me and on my behalf all my rights and duties with reference to medicines and hospitalization, including care and treatment by any means deemed necessary for the emergency care of my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE FROM LIABILITY

I authorize the staff of the Arts Center of the Capital Region to seek medical treatment for the child while they are attending camp, and I fully understand that there may be risks inherent in or associated with my participation in this activity.

I hereby ASSUME ANY AND ALL RISK of bodily and personal injury, death and damage to personal property, whether known or unknown, foreseen or unforeseen.

Furthermore, I hereby RELEASE FROM LIABILITY and agree to INDEMNIFY, DEFEND AND HOLD HARMLESS The Arts Center of the Capital Region, its agents, servants and employees, from and against claims of any kind for known or unknown, foreseen or unforeseen bodily and personal injuries, death or damage to property which may arise, result from or be associated with my participation in this activity.

I understand that this is an ASSUMPTION OF RISK and RELEASE OF LIABILITY that will legally PREVENT me or any other person from filing suit or making any other legal claim for bodily and personal injury, death or damage to personal property sustained by me. I, nevertheless, enter into this agreement freely and voluntarily and agree that it is binding on me, my heirs, assigns and legal representatives.

### PERMISSION TO GO OUTSIDE

I hereby give permission for my child, under Arts Center staff supervision, to leave the premises to eat and play outside during lunch breaks and during classes

### ARTWORK RELEASE

I understand that The Arts Center has limited space; therefore, any of my student's artwork left at The Arts Center longer than **one month** following the final date of class becomes property of The Arts Center and is subject to being discarded.

### PHOTOGRAPHY PERMISSION

We appreciate your cooperation and consent in allowing us to photograph/video/audio record/interview your student. These images/videos/audio/interviews will be used with respect and consideration. By allowing The Arts Center or its designated representative to take such photographs/videos, I grant The Arts Center of the Capital Region, its agents and assigns, unrestricted permission to use, publish, modify, edit, enhance, transfer and/or disseminate my student's image (which includes still, video or motion images including voice), together with the student's first name as an identifier, including but not limited to using the images in print, video, electronic or digital media, social media sites, and websites, all without further notification to me. I understand that all copyrights and other rights to the images will be owned by The Arts Center of the Capital Region; to the extent that any such copyrights or other rights are not transferred hereunder, I grant The Arts Center of the Capital Region, its successors and assigns an irrevocable, perpetual, worldwide, royalty-free, exclusive right and license to publicly use, display, modify, reproduce, assign and distribute the images. No compensation will be paid for these images or statements. I release and discharge The Arts Center of the Capital Region, and all persons acting with authority from The Arts Center of the Capital Region, from any damages, expenses and liability for the use, modification, transfer/dissemination, publication or copyrighting of the images or statements. I have carefully read and understand this release form and I am signing it knowingly and voluntarily.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## SPECIAL NEEDS POLICY

ACCR does not discriminate against any student's mental, physical or learning health or disability. You have the right to request accommodations for your child and in requesting these accommodations you will not be turned away from our program.

ACCR must receive your accommodation requests no later than 2 weeks prior to your child's camp, and without such notice we cannot guarantee our ability to serve your child's needs. If your accommodation request places an undue burden on our staff, we may not be able to fulfill it. **Due to funding restraints, ACCR cannot provide your child with a full-time, dedicated aide.**

All camps accommodate a wide range of creative expression and skills, and most camps can offer adaptive materials and project guidelines.

All Campers must adhere to the community standards included in this package.

ACCR recognizes that not every parent or child will always be able to know in advance if formal accommodations will be needed. Learning new processes with new equipment poses challenges for every student, and we will always do our best to accommodate needs as they arise.

Art making is fluid and our ability to make art is always changing. However, some of our equipment, if handled improperly, can be dangerous. Please take note of which camp requires fine motor skills in order to safely use the equipment. ACCR reserves the right to refuse any child's use of equipment when that child creates a danger for themselves or others.

If you do not request accommodations, and your child can not follow our community rules, and consistently disrupts or endangers, you may be asked to withdraw your child without any notice or refund.

Please circle/highlight:

**I do not request any accommodations.**

**I request accommodations, and have completed the following form.**

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

Date \_\_\_\_\_

# SPECIAL NEEDS ACCOMODATION FORM

ACCR complies with the Americans with Disabilities Act (ADA), which prohibits discrimination of programs, services and activities for individuals with disabilities. ACCR is committed to providing reasonable accommodations, program modifications, and inclusion services to ensure equal access to all services, programs, and activities.

To request an accommodation, please register for the summer camp of choice, complete this form in full, and submit it along with a copy of the student's Individual Education Plan (I.E.P.)

**Requests should be received as soon as possible, but no later than 2 weeks prior to the first day of camp.**

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Name of Camp & Dates Attending \_\_\_\_\_

### What type of accommodation/modification are you requesting?

Note: Due to funding restraints, ACCR cannot provide your child with a full-time, dedicated aide.

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### Parental Consent

By signing this form, you agree to provide the necessary information, and to work with ACCR to develop an accommodation plan which will be utilized by camp staff in order to provide the most inclusive and positive summer camp environment for the above participant.

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

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