2019 Summer Arts Program!

a free exploratory summer arts day program for kids ages 8-12 who reside or attend school in Main South, Worcester.

▶ Dance
▶ Visual Art
▶ Creative Writing
▶ Music
▶ Drama

To Apply:
❖ Complete and sign Student Application and Release Waiver
❖ Mail completed forms to:
  9 Irving Street, Worcester, MA 01609
❖ Additional applications can be found online at www.mainidea.org
❖ ALL APPLICATIONS DUE BY April 31

Exploratory workshops taught by qualified artists
Offered to families at no cost!
CORI-approved staff
All experience levels and backgrounds welcome!
Transportation available for Main South residents
Lunch provided daily

August 5 - 9
Mon - Fri
9 a.m. -- 3:15 p.m.
~at Clark University~
with a Friday Evening Showcase
Aug 9
7:00 - 9:00 p.m.

For more information: www.mainidea.org
e-mail: info@mainidea.org

The Worcester Public Schools are not responsible for, or connected with, any aspect of this program and participation in this program is the sole decision and responsibility of the parent/guardian.
2019 Summer Arts Program

Student Registration Form

Mon Aug 5 - Fri Aug 9, 9AM - 3:15PM
Atwood Hall - Clark University, 950 Main Street, Worcester, MA, 01610

Complete & sign all forms return by APRIL 31 to:
Main IDEA, 9 Irving St., Worcester MA 01609

**Participation in this Program requires that each student is able to COMMIT TO THE ENTIRETY OF THE PROGRAM.**

☒ My child can commit to ALL 5 FULL DAYS of Main IDEA (The “Program”)

CHILD INFORMATION

Child’s Name: ________________________
Child’s Gender: ________________________
Child’s Date of Birth: ________________________
Child’s Grade (as of Sept. 2018): ________________________
Child’s School: ________________________
Child’s T-Shirt size (Circle One): XS S M L XL XXL
Languages spoken at home: ________________________

Which of the following best represents your child’s racial and/or ethnic heritage? Choose all that apply:

☒ Hispanic/Latino
  (If yes, please specify: ________________ )
☒ Asian
  (If yes, please specify: ________________ )
☒ White/Caucasian
☒ Native Hawaiian/Pacific Islander
☒ Native American or Alaskan Native
☒ Middle Eastern
☒ Black or African American
☒ Other (please specify):

PARENT/GUARDIAN INFORMATION

Parent/Guardian’s Name: ________________________
Parent/Guardian’s Street Address: ________________________
Parent/Guardian’s phone (cell): ________________________
Parent/Guardian’s phone (work): ________________________
Parent/Guardian’s phone (home): ________________________
Parent/Guardian’s Email: ________________________

Guardian Name: ________________________ Guardian Signature: ________________________ Date: ___/___/____
Medical Information:

Please list any physical, medical, or psychological conditions that would affect your child’s participation in the Program:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Please list any allergies and/or dietary needs/restrictions your child has:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Does your child currently take any medication?

☐ Yes
☐ No

If Yes, please list:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

**All parents/guardians are responsible for administering their child’s medication before/after the program hours, or during lunch hour. Main IDEA is not responsible for administering any medication.**
2019 Summer Arts Program

Child Release Procedure

- I live in Main South and am interested in transportation opportunities; please contact me regarding this
- I live in Main South and will provide my own transportation to Main IDEA
- I do not live in Main South and will provide my own transportation to Main IDEA

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<tr>
<th>Those allowed to pick up my child:</th>
<th>Those NOT allowed to pick up my child:</th>
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Check In & Check Out

**ALL STUDENTS MUST BE SIGNED IN/OUT BY THEIR PARENT/GUARDIAN UPON ARRIVAL AND DISMISSAL**

Main IDEA registration begins at 9am and dismisses at 3:15pm. Students are not permitted to arrive or be dropped off inside the premises before opening at 8:30am. Students must leave the premises no later than 3:30pm.

Main IDEA will release a minor child only to the person(s) who are designated as such by a parent or guardian who is responsible for the registering of said child for the Program. Only the person(s) named on the Student Registration Form as the one to whom the student may be released will be permitted to pick up the child at the end of the day. Main IDEA will provide the Registration Staff with the names of the person(s) who are permitted to pick up a child at the end of the session.

In the event that a person other than the one so designated requests to pick up or remove a child from the Program, the Program Director will attempt to contact the parent or guardian who signed the Student Registration Form to receive permission to release the child to the person(s) attempting to remove a child. Should the Head Administrator not be able to contact the child’s parent or guardian, the child will not be released. Main IDEA will continue to retain custody of the child until the parent or guardian can pick up the child. If Main IDEA must incur expenses relating to keeping a child beyond the stated closing time of the Program, such expenses shall become the responsibility of the child’s parent/guardian.

Main IDEA Vans

Main IDEA offers transportation to and from the Program area for students who reside in Main South. Transportation locations and schedules are made after all student applications have been processed. Parents will be contacted via phone regarding the schedule prior to the launching date of the Summer Arts Program. Every Main IDEA Van Driver holds a valid driver’s license and undergoes a mandatory CORI check. Drivers are responsible for safely transporting the necessary students to and from the Program Area. It is the Van Driver’s responsibility to ensure the student is released to the assigned “bus stop.” Main IDEA will not be responsible for students after they leave the Program property and/or the assigned bus stop. It is the student’s responsibility to ensure they arrive on time; Van Drivers are not responsible for students who arrive late/early to their designated bus stops.

- My child will use the transportation offered by Main IDEA to and from the Program at the designated locations and schedules as determined by Main IDEA.

Initials of Parent/Guardian:________________

Guardian Name: ____________________________ Guardian Signature: ______________________________ Date:____/____/____
2019 Summer Arts Program

Policy Agreement and Signature

It is the policy of Main IDEA to provide equal opportunities without regard to race, color religion, national origin, gender, sexual preference, age, or disability, and we reserve the right to refuse any applicants at our own discretion. By submitting this application, I affirm that I understand that the facts set forth are true and complete to the best of my knowledge. I understand that all applications are received on a first come, first serve basis, and that my child may or may not be accepted into the camp on this basis. I understand that if accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in my child’s immediate dismissal.

I desire for my child (named on Section 1 of the Main IDEA “2019 Summer Arts Program” Student Registration Form, under “Child’s Name”) to participate in the program provided by Main IDEA (the “Program”). As lawful consideration for my child’s participation in the Program, I agree to all the terms and conditions set forth in this application.

ACKNOWLEDGMENT
I AM AWARE AND UNDERSTAND THAT MY CHILD'S PARTICIPATION IN THE PROGRAM INVOLVES ACTIVITIES THAT ARE DANGEROUS AND INVOLVES RISK OF SERIOUS INJURY AND/OR DEATH AND/OR PROPERTY DAMAGE. I ACKNOWLEDGE THAT ANY INJURIES THAT MY CHILD SUSTAINS MAY BE COMPOUNDED BY NEGLIGENT EMERGENCY RESPONSE OR RESCUE OPERATIONS OF MAIN IDEA. I ACKNOWLEDGE THAT MY CHILD IS VOLUNTARILY IN THE PROGRAM WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE, WHETHER CAUSED BY THE NEGLIGENCE OF THE PROGRAM OR OTHERWISE.

WAIVER & RELEASE
I HEREBY EXPRESSLY WAIVE AND RELEASE ANY AND ALL CLAIMS, NOW KNOWN OR HEREAFTER KNOWN IN ANY JURISDICTION THROUGHOUT THE WORLD, AGAINST MAIN IDEA, AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AFFILIATES, SUCCESSORS, AND ASSIGNS (COLLECTIVELY, "RELEASEES"), ARISING OUT OF OR ATTRIBUTABLE TO MY CHILD’S PARTICIPATION IN THE PROGRAM, WHETHER ARISING OUT OF THE NEGLIGENCE OF MAIN IDEA OR ANY RELEASEES OR OTHERWISE. I COVENANT NOT TO MAKE OR BRING ANY SUCH CLAIM AGAINST MAIN IDEA OR ANY OTHER RELEASEE, AND FOREVER RELEASE AND DISCHARGE MAIN IDEA AND ALL OTHER RELEASEES FROM LIABILITY UNDER SUCH CLAIMS. I give permission for my child to be photographed or otherwise recorded during Main IDEA's events and activities, and for any and all such photographs to be displayed by Main IDEA in any medium (books, newsletters, web sites, etc.) whether now or hereafter known or developed.

ENTIRE AGREEMENT
This application constitutes the entire agreement of Main IDEA, myself, and my child with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter.

SEVERABILITY
If any term or provision of the application is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this application or invalidate or render unenforceable such term or provision in any other jurisdiction.

GOVERNING LAW
All matters arising out of or relating to this application and participation in the Program shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts without giving effect to any choice or conflict of law provision or rule.

This application is binding on and shall inure to the benefit of Main IDEA and its respective successors and assigns.

I am the parent or legal guardian of the minor named on page 1 of this application under “Child Information.” I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this application. By signing, I acknowledge that I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT and that I am voluntarily giving up substantial legal rights, including the right to sue Main IDEA (Render Creative Inc.).

By signing below, I am submitting this application and I affirm that the facts set forth in it are true and complete. I have read, understood and consent to the policies and procedures listed above. I understand that I am responsible for listing on this application any medical needs my child may have in order to participate in the Program. I hereby release and hold harmless Main IDEA.

Student Name: _____________________________________________________________________________

Guardian Name: ____________________________ Guardian Signature: ______________________________ Date:____/____/____