



# Teams & Clubs @ Manhattan School for Children

## ART WITH BERNARD AFTERSCHOOL

**WEDNESDAYS, GRADES 2 - 4** Session #1 Wednesdays: 9/29, 10/6, 10/13, 10/20, 10/27, 11/3 (6 classes)

**THURSDAYS, GRADES 5 - 8** Session #1 Thursdays: 9/30, 10/7, 10/14, 10/21, 10/28, (5 classes)

**Plus Family Art Making Saturday, both sessions: 11/6 (tentative) 11am - 3pm**

**Attendance capped at 12 students each class**

**Meets: Room 603 Time: 2:50 - 4:30**

**Coach(es)/Facilitator(s): Bernard Winter      artwithbernardmsc@gmail.com**

Family Information: Please write legibly and fill out ALL the information required

Guardian(s) Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

In case of emergency, who else may we contact (other than Guardian/s above): \_\_\_\_\_

Phone #(s): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Student Information I am enrolling my child in:      Weds (Grade 2-4) \_\_\_\_\_      Thurs (Grade 5-8) \_\_\_\_\_

Name: \_\_\_\_\_      Grade: \_\_\_\_\_      Class/Teacher(s): \_\_\_\_\_

Does your child have any allergies? Y N If yes, what? \_\_\_\_\_      Asthma? Y N

Is there anything else we should know about your child? \_\_\_\_\_

\_\_\_\_\_

Please turn the page for cost and payment information, and read & sign the Team & Clubs Release Form.



**Return this form with your payment to the MAIN OFFICE Attention: Tatiana Hoover**

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**The cost for this activity is \$135 (Weds) or \$120 (Thurs)** (\$15 a class plus a \$30 materials fee.) We expect each family to contribute something towards the cost of the activity. You may:

\_\_\_\_\_ Pay the entire amount of \$135 (Weds) or \$120 (Thurs) (make checks payable to The Friends of the Manhattan School for Children)

\_\_\_\_\_ Pay ½ now \$65 and \$70 by the following date \_\_\_\_\_ or pay \$135 in installments of \$\_\_\_\_\_ each week/month.

\_\_\_\_\_ Pay \$\_\_\_\_\_, a portion of the cost. Friends of MSC will provide a scholarship to cover the remaining balance.

\_\_\_\_\_ We/I would like to sponsor a student(s) by contributing the following amount \$\_\_\_\_\_ towards MSC Teams & Clubs Scholarship(s).

### **Parental Permission for Activity**

1. I give permission for my child to participate in all activities related to the MSC Teams & Clubs Program, including traveling to away games, practice, club activities and trips.
2. MSC has the unrestricted right to terminate this student's enrollment in the sports/clubs program at its sole discretion. In the event of such termination due to student's behavior, MSC is not obligated to refund tuition or any unused amount of the tuition.
3. I hereby consent for my child to participate in the taking of photographs, movies or video tapes, participation in interviews and the use of quotes by MSC for use and reuse of said products for non-profit purposes including use in print, on the internet, and all other forms of media.
4. MSC has permission to treat my child for routine, minor injuries (such as scrapes and bruises). In the event that a parent/guardian cannot be contacted in an emergency, MSC has permission to have my child examined at a hospital emergency room. I understand and agree that MSC is not responsible or liable for any injury or damage that might arise out of or in connection with such authorized medical treatment.
5. I also hereby release MSC and the New York City Dept. of Education and its agents and employees from all claims, demands and liabilities whatsoever in connection with MSC Teams & Clubs Program.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Along with the guardian(s) on the front of this agreement, I also grant permission for the following person(s) to pick up my child:

Print Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Grades 5 and up ONLY: If you would like to permit your child to leave MSC without an adult escort, you must enter your child's name below and sign at the bottom of this page. MSC will not release children without an adult escort until the end time of the clubs & sports program(s) they attend.**

Please allow my child, \_\_\_\_\_ to leave at the end of the Teams & Club Program without an adult escort.  
(print child's name)

Parent signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_