

High School Summer Glass Arts Program at Wilson High School, 2017



Dear Parent/Guardian:

Your student has expressed interest in enrolling in the Hilltop Artists Summer Glass Arts Program.

Our **Wilson High School** class will offer glassblowing and bead-making and will run for four weeks. This class will be designed for high school students in grades 9 through 12. All experience levels are encouraged to apply.

Summer Program at Wilson High School

This program runs for four weeks; Monday through Thursday.

Where: Wilson High School, 1202 North Orchard Street, Tacoma, WA. 98406

Dates: June 26th through July 20th

Time: 9:00 am to 11:00 am

These sessions fill up fast and there is always a waiting list. You will be notified by email or by phone of your student's placement in the program. We will also add you to our parent email list so we can keep you up to date on future events and program enrollment.

The last day of the session is a celebration of student work. Parents are encouraged to attend! The materials fee for this 4-week session is \$200. Please see application for payment instructions. This fee will be waived if your student is eligible for free or reduced lunches at school, or may be reduced or waived with request and approval from Hilltop Artists. Serving students is always our goal!

Through this program we try to work very closely with students and parents. We want everyone to understand that even with Hilltop Artist's emphasis on safety there is a risk involved when working with molten glass. There is also an expectation that the students will be prompt and reliable, as others depend on them to be part of the team. We understand that summer is a busy time, but we ask that your student commit to the entire four week session.

We hope that you are excited to have your son/daughter participate in the adventure of the Hilltop Artists Glass Arts program. It is a great summer activity! Please complete the attached enrollment form as soon as possible and return it to Kathy Anderson in order to participate. You can return the completed form in person, by mail, or scan the completed forms and email to kanderson@hilltopartists.org

Kathy Anderson
Outreach Manager
253- 571-7739 (office)
253-732-4667 (cell)
kanderson@hilltopartists.org

**HILLTOP ARTISTS SUMMER GLASS ARTS PROGRAM AT WILSON HIGH SCHOOL
STUDENT INFORMATION FORM 2017
JUNE 26-JULY 20, 9-11 AM**

STUDENT INFORMATION			
STUDENT NAME		SCHOOL ID#	
ENROLLED AT (NAME OF SCHOOL, FALL 2017)			
DATE OF BIRTH	AGE	GENDER	GRADE LEVEL (FALL 2017)
ETHNICITY –CHECK ONE (OPTIONAL)			
<input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN/PAC ISLAND <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> OTHER _____			
HOME LANGUAGE _____			
STREET ADDRESS			
CITY		STATE	ZIP
PARENT/LEGAL GUARDIAN NAME(S)			
PARENT/GUARDIAN PHONE			
EMAIL (PLEASE PRINT CLEARLY)			
LIVING WITH –CHECK ONE (OPTIONAL)			
<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER _____			
ARE ANY OF YOUR IMMEDIATE FAMILY ACTIVE-DUTY MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE ANY OF YOUR IMMEDIATE FAMILY MEMBERS MILITARY VETERANS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN. E.G. LOCAL FRIEND, NEIGHBOR, RELATIVE)		
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP

GLASS EXPERIENCE AND MATERIAL FEE
WHAT IS YOUR GLASSBLOWING EXPERIENCE? –CHECK ONE (THIS QUESTION IS REQUIRED TO PARTICIPATE IN GLASSBLOWING) <input type="checkbox"/> I HAVE NEVER BLOWN GLASS. <input type="checkbox"/> I TRIED GLASSBLOWING A COUPLE TIMES. <input type="checkbox"/> I TOOK A CLASS WITH HILLTOP ARTISTS. <input type="checkbox"/> I HAVE TAKEN MORE THAN 1 YEAR OF GLASSBLOWING CLASSES.
PAYMENT FOR MATERIALS FEE (MATERIALS FEE IS \$200)
<input type="checkbox"/> MY STUDENT IS ELIGIBLE FOR FREE OR REDUCED LUNCHES (NO FEE) <input type="checkbox"/> I WOULD LIKE TO REQUEST A REDUCTION OR FEE WAIVER <input type="checkbox"/> I AM ENCLOSING A CHECK WITH THIS APPLICATION <input type="checkbox"/> I WOULD LIKE TO PAY WITH A CREDIT CARD (WE WILL CONTACT YOU).

PARENTS: You will be notified by email or by phone for your child’s placement in the program. Please note that every attempt will be made to place your student in the program, but the classes fill up quickly and sometimes your student may be placed on the waiting list. Thank you for your understanding!

In the event my child is injured or becomes seriously ill and the parent/guardian or family doctor cannot be reached, I hereby delegate Hilltop Artists to do what is in the best interest of my child.

Parent/Guardian Signature

Print Name

Date



Photography & Video Release

I, the undersigned, hereby grant permission to Hilltop Artists in Residence to allow photographs, slides or videos to be taken of my child/student as a participant in Hilltop Artists. I understand such photographs or videos may be used for private or public television viewing, be reproduced in newspapers, Tacoma School District or other publications, or in slide shows.

Name of child/student

Name of parent or guardian

Signature

Medical Release/Waiver Agreement

Hilltop Artists takes reasonable and appropriate precautions to ensure the safety of the Hot Shop participants; however there is an element of risk when working with hot glass and related equipment. I understand that I (my student) will be trained in safety procedures and I agree to hold Hilltop Artists and supporting agencies harmless in the event of injury.

In the event of an accident or illness, every effort will be made to contact the parent or guardian immediately. However, if I cannot be reached, I authorize Hilltop Artists in Residence to obtain necessary emergency medical care for my child, _____. I understand that it may include emergency surgery and/or medication for my child, and reasonable effort will be made to contact me, or my emergency contact.

Signature of parent/guardian

Date

Please list any special medical information that could be important to your child:

Does your student have any mental or physical health issues that we should be aware of?

Name of parent or guardian

Telephone (home)

Telephone (work/cell)

Emergency Contact Name

Telephone (home)

Telephone (work/cell)

Doctor Name

Telephone