



January 2018

Dear Parent/Guardian:

Your student is interested in enrolling in the Hilltop Artists after-school glass arts program for the Second semester. The After-School Program will begin on Monday February 5th, and will meet Monday through Thursday from 3:00-4:30pm at Jason Lee Middle School and Monday through Thursday from 2:30-4:00pm at Wilson High School. Generally, middle school students will attend at Jason Lee Middle School and high school students will attend at Wilson High School. There is currently no charge for the class.

The Hilltop Artists' After-School Program at Jason Lee will include glassblowing, bead making, glass fusion, and glass mosaics. At Wilson the program will focus on glassblowing and bead-making. In addition to making glass art, students will learn to work in teams, to build trust with their peers and instructors, to be part of a decision making process, and to explore their own creativity and imagination!

Through this program we try to work very closely with students and parents. We encourage parents to drop by and observe classes and meet the instructors. You will be amazed at the excitement and creativity you will see!

**We want everyone to understand that even with Hilltop's emphasis on safety there is a risk involved when working with molten glass. Please let us know if there are any medical or behavioral issues that we should know about so that we can best serve your student. (You can write in on the medical section of the application or call Kathy Anderson if you would prefer to discuss. We love working with parents/guardians to best serve our students!)**

**There is also an expectation that the students will be prompt and reliable as others depend on them as part of the team. If your student is unable to attend for any length of time, we need to be called in advance. This is not a drop in program, we expect your student to commit to being here every day. We will work with you if you have scheduling conflicts, and planned absences can be scheduled.**

We hope that you will agree to have your son/daughter participate in the adventure of the Hilltop Artists After-School glass arts program. It is important to turn in your enrollment form as soon as possible. Return the application to staff at the Jason Lee Hot Shop, or scan and email the completed form to [kanderson@hilltopartists.org](mailto:kanderson@hilltopartists.org) in order to participate. We will do our best to accommodate your request, but there is always a waiting list. We will call or email by Friday, January 26th to let you know if your student is enrolled or on the waiting list.

Please feel free to call me directly if you have any questions.

Thanks!

Kathy Anderson  
Outreach Manager/Teaching Artist  
(253) 571-7739  
[kanderson@hilltopartists.org](mailto:kanderson@hilltopartists.org)  
[www.hilltopartists.org](http://www.hilltopartists.org)

**HILLTOP ARTISTS AFTER-SCHOOL PROGRAM  
STUDENT INFORMATION FORM**

<b>AFTER-SCHOOL PROGRAM LOCATION</b>	
<p align="center">IN WHICH LOCATION WILL YOUR STUDENT BE PARTICIPATING IN THE AFTER-SCHOOL PROGRAM?</p> <p align="center"> <input type="checkbox"/> JASON LEE MIDDLE SCHOOL           <span style="margin-left: 200px;"><input type="checkbox"/> WILSON HIGH SCHOOL</span> </p>	

<b>STUDENT INFORMATION</b>			
STUDENT NAME		SCHOOL ID#	
ENROLLED AT (NAME OF SCHOOL, FALL 2017)			
DATE OF BIRTH	AGE	GENDER	GRADE LEVEL (FALL 2017)
<p align="center">ETHNICITY –CHECK ONE (OPTIONAL)</p> <p> <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"/> _____         </p> <p align="center">HOME LANGUAGE: _____</p>			
STREET ADDRESS			
CITY		STATE	ZIP
PARENT/LEGAL GUARDIAN NAME(S)			
PARENT/GUARDIAN PHONE		EMAIL (PLEASE PRINT CLEARLY)	
<input type="checkbox"/> I WOULD LIKE TO RECEIVE EMAILS ABOUT UPCOMING EVENTS AND NEWS			
<p align="center">LIVING WITH –CHECK ONE (OPTIONAL)</p> <p> <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"/> _____         </p>			
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			

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

<b>I AM GRANTING PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN HILLTOP ARTISTS AFTER-SCHOOL PROGRAM.</b>		
PARENT/LEGAL GUARDIAN NAME	PHONE	RELATIONSHIP
SIGNATURE		DATE

Please fill out both sides of this form. Thank you!



## Photography & Video Release

I, the undersigned, hereby grant permission to Hilltop Artists in Residence to allow photographs, 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 slideshows.

\_\_\_\_\_  
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 surgery and/or medication for my child, and reasonable effort will be made to contact me, or my emergency contact in the event of such an emergency.

\_\_\_\_\_  
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)

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Telephone