

# WELCOME!

## February and April Vacation Arts Camp & CIT 2012



*If this is your child's first time with us, we encourage you to visit our Camp Open House on Sunday, Feb. 19 and/or Sunday, April 15. Please come to meet some of our staff, see the facility, ask questions!*

### What to bring

- Pack both a lunch and snack in a box or bag labeled clearly with your child's name. No nuts, please!
- Bottle of water labeled clearly with your child's name.
- A second snack if your child is in extended day. No nuts, please!

### What to wear

- Comfortable clothes that you don't mind getting messy!
- Sneakers or other comfortable shoes.
- Weather-appropriate outerwear. We will go outside daily, weather permitting.

### Morning drop off: 9 - 9:15 am

Park in the lot between Tufts Street and Foster Street and enter through the Tufts street brown double doors (marked Lesley Ellis) Your child will be gathering with their group in one of our four classrooms. Counselors and staff will be available to direct you.

**YOU MUST SIGN YOUR CHILD IN.**

### Afternoon pick up: 3:15 - 3:30 pm

Park in the lot between Tufts Street and Foster Street and follow our signs to the **ACA Theater**

**YOU MUST SIGN YOUR CHILD OUT.**

**Extended Day** We offer both morning and afternoon extended day. \$15 per day for 8 to 9 am, \$35 per day for 3:30 – 6pm. See the Extended Day Form in this packet for details and to sign up.

**Parking** Please park in parking lot. If the lot is full, some short-term spaces are available on Tufts Street.

### "Show and Share" Open House on Friday from 3:00-3:30pm

Join us for a fun sharing time, where each group will perform a short song or skit relating to our theme. Your children's artwork from the week will be on display and may be collected after the Open House.

**FEBRUARY SHOW AND SHARE: FRIDAY, FEBRUARY 24<sup>TH</sup>**

**APRIL SHOW AND SHARE: FRIDAY, APRIL 20<sup>TH</sup>**

**ACA T-Shirts** Show your colors with one of our ACA T-shirts, available in kids and adults sizes. May be purchased from a staff member in the Theater on Fridays.

**Emergency and Health Forms** In order to ensure your child's safety the Emergency Information form and a copy of your child's immunization records must be received before your child can participate in the program.

**PLEASE RETURN THE ATTACHED FORMS TO OUR OFFICE VIA EMAIL OR FAX: 781-643-7539, NO LATER THAN TWO WEEKS BEFORE THE START OF THE PROGRAM.**

### Cancellations and Refunds-

**ALL CANCELLATIONS ARE SUBJECT TO A \$25.00 PROCESSING FEE**

Cancellations 10 business days or more before the start of the program: 100% refund.

Cancellations 6 to 10 business days before the start of the program: 50% refund.

Cancellations 5 days before the first day of the program: **no refunds.**

No refunds for am or pm Extended Day.

**Questions?** Feel free to contact Karen Dillon, Education Director, 781-648-6220 or karen@acarts.org

# Sample Schedules

Actual schedules may differ slightly – this is a snapshot of a typical day.

## VAP Sample Daily Schedule

**8:00 – 9:00 am Early Bird drop off**  
\$15 per day – prepaid or payable upon drop off

**9:00 – 9:15 am Regular drop off**  
Meet your counselors and new friends

**9:15 – 9:30 am Group time**  
Play some icebreakers and check in with your group

**9:30 – 10:45 am Music/Creative Movement**  
We'll sing, play percussion instruments, and move to music.

**10:45 – 11:15 am Snack and Supervised Play**

**11:15 – 12:15 pm Art**  
2-D projects based on our weekly theme – may include painting, drawing, collage, printmaking.

**12:15 – 1:15 pm Lunch and Supervised Play**  
Free play in the theater during winter and outdoors if weather permits.

**1:15 – 2:15 pm Art**  
3-D projects – may include sculpture from recycled materials, paper mache or cardboard, based on our weekly theme.

**2:15– 3:15 pm Drama**  
We'll play theatre games and act out stories.

**3:15 – 3:30 pm Pick up**

**3:30 – 6:00 pm Extended Day (optional)**  
Chill out and relax or actively participate in games, projects and art with other campers.

**Friday "Show & Share"**  
**3:00-3:30 pm in the theater**

## CIT Sample Daily Schedule

**8:00 – 9:00 am Early Bird Drop off**  
\$15 per day – prepaid or payable upon drop off

**9:00 – 9:15 am Regular drop off**  
Meet your CIT Leader and other CITs

**9:15 – 9:30 am Group time**  
Play some icebreakers and check in with your group

**9:30 – 10:45 am CIT training**  
Learn how to work with young children, assist art teachers in the classroom, and be a role model.

**10:45 – 11:15 pm Snack**

**11:15 – 12:15 pm Helping in classrooms**  
Under the supervision of ACA teachers, CIT Leader and counselors

**12:15 – 1:15 pm Lunch/games/social time**

**1:15 – 3:15 pm Art studio**  
Creative time in the studio. Art destination field trip on Thursdays.

**3:15 – 3:30 pm Pick up**  
CITs may go home on their own with prior written parental permission.

**3:30 – 6:00 pm Extended Day (optional)**  
CITs may want to bring a book or quiet games.  
\$35 per day

**Friday "Show & Share"**  
**3:00-3:30 pm in the theater**

# **BEHAVIOR MANAGEMENT POLICY**

Teachers begin each new week focusing on creative fun but also with a general discussion of appropriate behavior and language, and the safe, respectful use of materials and behavior in the classroom. If a child's behavior or language is inappropriate and is either unsafe or distracting to other students, we have the following policy:

**A teacher respectfully asks a child to stop the offending behavior.**

**If the child's behavior persists, the teacher will ask a counselor to bring the child to our office for a cool-down period.**

**If the behavior persists after the child has returned to the classroom, our Program Coordinator will call the child's parent/guardian to discuss the behavior and plan strategies to help the child continue in the program.**

**A child may be asked to leave the program if the child's behavior makes the environment for the child or other children unsafe.**

**No refund if a child is dismissed from the program.**

We are committed to creating a safe, friendly, and respectful atmosphere and request your help in discussing appropriate behavior with your child.

# **FILMS and PERFORMANCES**

On rainy days or when it is very hot, we occasionally show a film in our air conditioned theater. Our staff chooses age appropriate, G-Rated films that hopefully tie in to our weekly theme.

If you do **not** want your child to watch any films, please let us know at the beginning of the week that your child will be with us.

Occasionally, we will host a live lunchtime performance by musicians or actors that we feel enhances or elaborates on the theme of the week. We will announce these performances via email the week before your child participates in our program.

# **PARENT HANDBOOK**

Parent Handbook available on request.

Please contact Karen Dillon, Education Director (781) 648-6220 or [karen@acarts.org](mailto:karen@acarts.org)

\_\_\_\_\_  
CHILD'S LAST NAME (CAPS PLEASE)

**Feb or April Camp (Please circle the one you are attending)**

## EMERGENCY INFORMATION FORM

Child Name: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Home Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s)/Guardian names: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

### EMERGENCY CONTACTS (In order to be contacted)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you give permission for child to be released to this person? (circle one): Yes No

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you give permission for child to be released to this person? (circle one): Yes No

### HEALTH INSURANCE

Health Insurance Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Policy Holder Name: \_\_\_\_\_

Phone (w) \_\_\_\_\_ Phone (h) \_\_\_\_\_

**PLEASE RETURN ALL FORMS TO ACA, 41 Foster St. Arlington MA 02474 or FAX: 781-643-7539**

\_\_\_\_\_  
CHILD'S LAST NAME (CAPS PLEASE)

# FIRST AID AUTHORIZATION

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate. (Circle one): Yes No

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

**In case of a life-threatening emergency the Arlington Center for the Arts will immediately call 911.**

Child's Physician/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_ School phone: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school  
(Parent/guardian initials \_\_\_\_\_)

## LEARNING/BEHAVIORAL ISSUES

Please describe any accommodations your child regularly receives at school.

\_\_\_\_\_  
\_\_\_\_\_

Is there anything special that we should know about your child that might be helpful to us in working with him/her? (i.e. excessive shyness, medical issue, family situation, etc.)

\_\_\_\_\_  
\_\_\_\_\_

## MEDIA RELEASE PERMISSION

Occasionally, ACA takes photographs of programs for use in promotional materials. If you DO NOT wish to have photographs of your children used by ACA, please notify the office before the program begins.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



\_\_\_\_\_ CHILD'S LAST NAME

# EXTENDED DAY REGISTRATION Feb/April 2012

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

2<sup>nd</sup> Child \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Daytime phone \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Daytime phone \_\_\_\_\_

**PLEASE USE THIS TABLE TO LET US KNOW WHEN YOU NEED EXTENDED DAY SERVICES**

Circle desired time for each day "AM" "PM" or both

SESSION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRI
February Program	AM PM	AM PM	AM PM	AM PM	AM
April Program	AM PM	AM PM	AM PM	AM PM	AM

**Please note:** There is a 3 pm Open House on **Friday afternoon** to which parents are invited. The Open House is optional for parents to attend, but we do not provide Extended Day care on Friday. Please arrange to have your child picked up by 3:30 on Friday afternoon. **No refunds for extended day, though you may transfer days or apply them to other weeks.**

Total mornings \_\_\_\_\_ x \$15/morning x number of children \_\_\_\_\_ = \$ \_\_\_\_\_

Total afternoons \_\_\_\_\_ x \$35/afternoon x number of children \_\_\_\_\_ = \$ \_\_\_\_\_

Total Due for Extended Day \$ \_\_\_\_\_

**Make checks payable to "Arlington Center for the Arts" or Pay by Credit Card:**

Credit card type (Circle One) Visa Mastercard

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_ 3-digit card verification code \_\_\_\_\_

Billing address \_\_\_\_\_