



The After School Arts Program (ASAP) offers students, ages 7-17, residing within the Reading School District and beyond, the opportunity to explore, experiment, and develop their creativity through hands-on, collaborative projects at no cost to their families.

Taught by professional artists and educators within the safe, dynamic studio environments at GoggleWorks, ASAP runs three terms per year (fall, winter, and spring), Monday through Thursday from 3:30-5:30pm. Students can choose to attend one or more classes per week offered in their respective age bracket.

At the conclusion of each term, ASAP students are encouraged invite their family and friends to GoggleWorks for Family Arts Night—an evening showcasing the students' completed work.

**Please be aware that this is an application and that there is no guarantee that you will get your first choices. Rest assured that we strive to serve our community the best we can.**

Contact:  
Programs Department  
[programs@goggleworks.org](mailto:programs@goggleworks.org)  
610.374.4600

# After School Arts Program A.S.A.P.

## General Policies & Procedures

### Student Arrival & Departure

Students 13 and under must be signed in and out by a designated adult. Students 14 and over may sign themselves in and out of class unless otherwise requested by the parent/guardian.

Students will only be release to the adult(s) listed on the A.S.A.P. application. If a student has not been picked up upon dismissal, a GoggleWorks staff member/instructor will escort the student to the Information Desk and call the parent/guardian or the emergency contact.

### Attendance

All students are expected to attend regularly, arrive on time, and be prepared for class. If a student will be absent, please contact GoggleWorks at 610.374.4600 prior to start of the class. Students whose parent/guardian fails to notify GoggleWorks of their absence will be considered unexcused. GoggleWorks will notify the parent/guardian after 2 unexcused absences and students with 3 or more unexcused absences will be asked to leave the program. Upon completion of the program, students with no absences, will be invited to attend a free "Perfect Attendance" glassblowing workshop.

### Code of Conduct

All GoggleWorks students are expected to behave in a courteous, responsible manner. Good behavior, cooperation, and participation are essential for meaningful learning and a successful experience for all involved. Students are expected to participate in class; respect all GoggleWorks staff, instructors, and fellow students, property, and other personal belongings. Appropriate language shall be used at all times.

GoggleWorks reserves the right to remove a student from the A.S.A.P. program due to lack of participation or misbehavior.

### Personal Property

GoggleWorks is not responsible for any lost or damaged personal property.

# After School Arts Program Application Ages 7-10

Spring 2019 -- April 1st – May 23<sup>rd</sup> (8 weeks)



## Ages 7-10

Monday-Thursday

3:30-5:30pm

The Spring 2019 term offers a variety of classes where students can explore materials and technique in our media-specific studios:

The term ends with Family Arts Night on Thursday May 23<sup>rd</sup> from 5:30-7:00PM where completed projects by students from each class will be on display.

## **APPLICATIONS DUE: March 14, 2019**

**Class Selection:** Please check the courses you would like to attend. Students may choose more than one day but there is no guarantee you will get all your choices.

**Monday:** *Ceramics* (2 sections)

**Tuesday:** *Mixed Media*

**Wednesday:** *Digital Music*

**Thursday:** *Glass Mosaics*

### **Student Information**

Student Name: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Male      Female      Age: \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Language: English Spanish Other: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

**Parent/Guardian Information**

Name(s): \_\_\_\_\_

Language, please circle: English Spanish Other: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Misc. Information**

Allergies: Does your child have any allergies?  Yes  No

If yes, what type: \_\_\_\_\_

Is there anything about your child you would like the instructors to be aware of?

If yes, please let us know: \_\_\_\_\_

**Photographs and Video**

GoggleWorks reserves the right to use photographs of students taken during programs for the marketing and promotion of the arts center in print and online. Please check this box if you do not want your child to be photographed.

No, I do not want my child photographed.

**I have read and agree to all A.S.A.P Policies and Procedures.**

Parent/Guardian Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to:**

GoggleWorks Center for the Arts  
Attn: Programs Department  
201 Washington Street  
Reading, PA 19610

GoggleWorks Center for the Arts, a Pennsylvania non-profit corporation, is the producer of art classes for children. As consideration for, and as an express requirement of the student's participation in GoggleWorks activities, we require, and are materially relying on the requirement that you understand and agree to a waiver of any and all claims you might have against GoggleWorks Center for the Arts its officers, directors, employees, agents, independent contractors and other representatives, as well as agree to be bound by other terms and conditions stated in this Waiver.

By signing this Waiver, and to the extent permitted by law, you waive any and all claims for damages for personal injury, death, loss or property damage which you may have or which may hereafter accrue to you or your child against GoggleWorks, its officers, directors, employees, agents, independent contractors and other representatives as a result of your child's participation in the program, and as related to the nature, type or condition of the events involved, and/or with respect to the condition of the sites involved, and/or with respect to the supervision provided, and/or with respect to the activities performed.

This Waiver is signed in order for your child to participate in this activity for his or her own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers incident thereto. By signing this agreement, you further acknowledge that you agree to assume and bear sole responsibility for these dangers and risks and to absolve and hold harmless GoggleWorks from any and all risks of any nature and kind associated with class activities.

You also agree to indemnify, defend, and hold GoggleWorks free and harmless from any and all expenses, demands, claims, costs, losses, damages, recoveries, settlements, and expenses (including but not limited to interest, penalties, attorney's fees, expert witness fees, costs, and other expenses) of any nature or kind which are incurred by the indemnity ("losses"), known or unknown, contingent or otherwise, directly or indirectly arising from or related to Staff members' participation in program activities.

This agreement hereby incorporates by reference in their entirety as if fully set forth herein, the Medical History and Release Form, and the Registration Forms. To the extent there are any conflicting terms and conditions in the incorporated agreements hereto, this Student Liability Waiver shall control and supersede any such provisions. This agreement shall represent the full and complete agreement between the parties, and any modification of the terms set forth herein shall be effective only if in writing and signed by all parties hereto.

The parties to this agreement stipulate that this agreement shall be considered to have been entered into in Reading, Pennsylvania, and that any interpretation of the terms of this agreement shall be made under Pennsylvania law.

Student Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

If student is under 18, Parent/Guardian Name (please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_