

WELCOME!

Vacation Arts Program

February & April 2010



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 - 9:30 am

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

Afternoon pick up: 4:15 - 4:30 pm

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

Extended Day

We offer both morning and afternoon extended day. \$10 for 8 to 9 am, \$15 for 4:30 – 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.

OPEN HOUSE on Friday from 4:00-4:30pm

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.

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.

Payments and Forms

The Emergency Information form and full tuition payment must be received before your child can participate in the program. Please return the attached forms to our office at the address below, no later than two weeks before the start of the program.

Cancellations and Refunds

Cancellations 10 business days or more before the start of the program: 100% refund minus \$25 fee.
Cancellations 6 to 10 business days before the start of the program: 50% refund minus \$25 processing fee.
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 Adria Arch, Education Director, 781-648-6220 or adria@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
\$10 per day – prepaid or payable upon drop off

9:00 – 9:15 am Regular drop off
Meet your counselors and other kids

9:15 – 9:30 am Group time
You'll 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 – 12:30 pm Art
2-D projects based on our weekly theme – may include painting, drawing, collage, printmaking.

12:30 – 1:45 pm Lunch and supervised free play outdoors

1:45 – 3:00 pm Art
3-D projects – may include sculpture from recycled materials, paper mache or cardboard, based on our weekly theme.

3:00 – 4:15 pm Drama
We'll play theatre games and act out stories.

4:15 – 4:30 pm Pick up

4:30 – 6:00 pm Extended Day (optional)
Supervised play.

**Friday Open House
4:00-4:30 pm**

CIT Sample Daily Schedule

8:00 – 9:00 am Early Bird Drop off
\$10 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
You'll check in with your group

9:30 – 10:45 am CIT training
Learn how to work with young children and be a role model.

10:45 – 11:15 pm Snack

11:15 – 12:30 pm Helping in classrooms
Under the supervision of ACA teachers, CIT Leader and counselors

12:30 – 1:45 pm Lunch/games/free time

1:45 – 4:15 pm Art studio
Creative time in the studio. Weekly visits with a local artist, field trip on Thursdays.

4:15 – 4:30 pm Pick up
CITs may go home on their own with prior written parental permission.

4:30 – 6:00 pm Extended Day (optional)
CITs may want to bring a book or quiet games.
\$15 per day

**Friday Open House
4:00-4:30 pm**

OPEN HOUSE every Friday at 4:00pm

Students will share the art they have created in a live performance and exhibit! Parents, families and friends won't want to miss this unique blending of the weekly theme through visual and performing arts!

BEHAVIOR MANAGEMENT POLICY

Teachers begin each new week 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 strive to create a safe, friendly, and respectful atmosphere and request your help in discussing appropriate behavior with your child.

We welcome your feedback.

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, and we generally do not show Disney films. Often, the choice to show a film happens on the spur of the moment. We will send a list the films we plan to show at the start of the program via email attachment.

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 Adria Arch, Education Director (781) 648-6220 or Adria@acarts.org

CHILD'S LAST NAME (CAPS PLEASE)

EMERGENCY INFORMATION FORM

The data on these forms is being collected in compliance with regulations of the Massachusetts Department of Early Education and Care

Child Name: _____ Grade _____ School _____

Date of Birth: _____ Gender: _____

Eye Color: _____ Skin Color: _____ Hair Color: _____

Height: _____ Weight: _____

Start date of program : _____

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 FAX: 781-643-7539

PARENT/GUARDIAN INFORMATION

1. Parent/Guardian Name: _____ Relationship to child: _____

Home Address: _____

Home Telephone #: _____ cell: _____ email: _____

Business Name: _____ Bus. Address: _____

Bus. Telephone #: _____ Hours at work: _____

2. Parent/Guardian Name: _____ Relationship to child: _____

Home Address: _____

Home Telephone #: _____ cell: _____ email: _____

Business Name: _____ Bus. Address: _____

Bus. Telephone #: _____ Hours at work: _____

TRANSPORTATION PLAN AND AUTHORIZATION

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

_____ Parent/Guardian drop off _____ Walking by self (CIT only)
_____ Other (please specify): _____

MY CHILD WILL DEPART FROM THE PROGRAM BY:

_____ Parent/Guardian drop off _____ Walking by self (CIT only)
_____ Other (please specify): _____

I give permission for my child to be released from the program at the of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day.

1. Name: _____ Relationship to child: _____

Address: _____

Phone: _____ email: _____

2. Name: _____ Relationship to child: _____

Address: _____

Phone: _____ email: _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

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 _____

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

CHILD'S LAST NAME (CAPS PLEASE) _____

ARLINGTON
CENTER FOR THE



EXTENDED DAY REGISTRATION

Child's Name _____ Date of birth _____
2nd Child _____ Date of birth _____

Parent's Name(s) _____ Daytime phone _____

The following people are authorized to pick up my child from the ACA Extended Day Program:

Name	Phone #
1.	
2.	

Please use this table to let us know when you need extended day services.
Circle desired time for each day "AM" "PM" or both

WEEK	MON		TUE		WED		THUR		FRI
February VAP	AM	PM	AM	PM	AM	PM	AM	PM	AM
April VAP	AM	PM	AM	PM	AM	PM	AM	PM	AM

AM = 8:00 - 9:00am \$10/day

PM = 4:30 - 6:00pm \$15/day

Please note: There is a 4 pm Open House on **Friday afternoon** to which parents are invited, and there is no Extended Day on Friday afternoon. **No refunds for Extended Day.**

Total days _____ x \$ 10/morning X Number of Children _____ = \$ _____

Total days _____ x \$15/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 _____ 3-digit code _____

Billing address _____