

Grand Street After-School Programming
Grand Street Community Arts, Inc.
68 Grand Street | Albany, NY 12202 | (518) 463-2222 | www.grandarts.org

PROGRAMMING

School of Hip-Hop is a class for youth ages 10 to 17 who want to learn how Hip-Hop can be a liberating and positive source of energy in their lives. Students will learn about MC-ing, video/sound production, plus meet visiting artists as they talk about the music business and help students with their own compositions.

JUMP Dance Class is a new program of GSCA that inspires youth to move around, find their groove and have fun in the process. Taught by Leah Young, students will have a chance to shake it to great music while learning a variety of styles of dance each time class meets!

Art Club is developed to inspire children's creativity, imagination and social skills, for ages 5 to 12. The program will consist of arts and crafts, music, reading, dancing, poetry, and games for recreation.

FALL PROGRAM SCHEDULE

Each program has different program times and end dates, please review them below:

School of Hip-Hop: Mondays, 3:30PM-5:30PM (9/12-10/17, No class on 10/10)

JUMP Dance Class: Tuesdays & Thursdays, 4-5:15PM (9/13-12/8, No classes on 9/29 or 11/24)

Art Club: Wednesday & Fridays, 3-5PM (9/14-12/22, No classes on 11/11 or 11/25)

Our After-School programming follows the Albany School District's calendar and does not meet on afternoons when the school is closed. The primary location is at Grand Street Community Arts center at 68 Grand Street (St. Anthony's Church).

TUITION*

PROGRAM	IF PAYING EACH WEEK	IF PAYING UP IN FULL
School of Hip-Hop	\$10/class	\$45 for 5 classes
JUMP Dance	\$8/week	\$75 for 12 weeks
Art Club	\$8/week	\$100 for 15 weeks

* Scholarships available on a need basis, please contact 463-2222 to learn more.

PROGRAM CONTACTS

Karece Powers, Art Club, karece@grandarts.org, 463-2222

Musa Zwana, School of Hip-Hop, musazwana@gmail.com

Leah Young, JUMP Dance, lyoung6275@gmail.com, 253-9095

INFORMATION ABOUT GRAND STREET COMMUNITY ARTS

Grand Street Community Arts is a not-for-profit corporation that is restoring St. Anthony's Church as a community arts center. The mission of Grand St. Community Arts is to create unity and connection, especially through the arts, in an inner-city neighborhood with racial and economic diversity.

Please visit our website, www.grandarts.org, for information on GSCA's current arts and youth projects and our on-going work in restoring St. Anthony's.

Child: _____

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PARENT/GUARDIAN INFORMATION

First _____ Last _____ Relationship to Child _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell/Pager _____ Work Phone _____

SECOND PARENT/GUARDIAN INFORMATION

First _____ Last _____ Relationship to Child _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell/Pager _____ Work Phone _____

BASIC CHILD INFORMATION

First _____ Last _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____

Age _____ Date of Birth _____ Sex _____

Special Instructions/Allergies/Information regarding child's health (Current medical condition, asthma, anything relevant, especially food allergies):

OPTIONAL (for statistical purposes only)

Racial Makeup of Child (check all that apply):

- | | | |
|--|--|--|
| <input type="radio"/> Black/African American | <input type="radio"/> Hispanic/Latino | <input type="radio"/> Native American |
| <input type="radio"/> White/Caucasian | <input type="radio"/> Asian/Pacific Islander | <input type="radio"/> Other, please specify: |

Family Income

- | | | |
|--------------------------------|---------------------------------|----------------------------------|
| <input type="radio"/> \$0-25K | <input type="radio"/> \$50-75K | <input type="radio"/> \$100-150K |
| <input type="radio"/> \$25-50K | <input type="radio"/> \$75-100K | <input type="radio"/> \$150-200K |

Please circle the **PROGRAM(S)** that your child will be attending:

Kids Club

JUMP Dance Class

School of Hip-Hop

Child: _____

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EMERGENCY CONTACTS

Please print or type all information. You must supply two names other than parents/guardians.

EMERGENCY CONTACT

In case of an emergency and we are unable to contact you, please include the name(s) of a person(s) we may contact to care for your child.

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Parent/Guardian Signature: _____ Date: _____

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**DELEGATION OF PARENTAL AUTHORITY
TO CONSENT FOR MEDICAL CARE OF A MINOR**

Name of Child: _____

Name(s) of parent(s) or guardian(s): _____

Address: _____

Telephone: _____

Health Insurance Carrier: _____

Policy Number: _____

Consent authority delegated: _____

The undersigned parent(s) hereby authorize the above-named person(s) to act as my/our agent and attorney-in-fact for the purpose of consenting to medical, dental or hospital care and treatment of the named child. Such care and treatment is to be rendered by or under the supervision of a licensed practitioner, hospital, or health care facility. The agent is also authorized to have access to the health care history and records of the minor to the extent reasonably necessary to enable the agent to give informed consent of the minor's care and treatment.

Any health care practitioner or facility given an original or a photocopy of this document is authorized to honor the consent of the agent for care and treatment of the minor to the same extent as if consent were given by the parent(s) personally.

Signature (Parent/Guardian) _____ Date _____

Child: _____

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PICK UP AUTHORIZATION FORM

I give permission for the following people to pick up my child (or children) from Grand Street After-School Programming. I realize that my child or children will not be released to anyone who is not listed below, unless Grand Street After-School Programming is informed previously with written permission. I understand that I, and these individuals may be asked for identification prior to picking up my child. I understand that there will be no exceptions for safety purposes.

SPECIAL INSTRUCTIONS: _____

NAME RELATIONSHIP PHONE NUMBER

- 1.
- 2.
- 3.
- 4.

Signature (Parent/Guardian) _____ Date _____

PERMISSION TO WALK HOME

My Child: _____
 First Name Last Name

Has Permissions to walk home from the Grand Street After-School Programming. My child will walk home on the following days.

Please circle days: Monday Tuesday Wednesday Thursday Friday

SPECIAL INSTRUCTIONS: _____

Signature (Parent/Guardian) _____ Date _____

Child: _____

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RELEASE OF LIABILITY

We agree to hold Grand St. Community, Inc. harmless in regard to any injuries or medical bills that may be sustained during operating hours or traveling by the child during the operation of this program.

I have completely read this entire registration form and by signing below, I agree to all rules and regulations set by Grand St. Community Arts, Inc. I have no reservations about registration and agree to abide by all such rules and regulations.

Signature (Parent/Guardian) _____

Date _____

Child: _____

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PHOTOGRAPHY PERMISSION FORM

As part of our communications activity, Grand Street Community Arts occasionally uses photography for publicity purposes. We would like your permission to photograph/film your child for possible inclusion in our publications, website and other publicity material, including publication in newspapers or other media intended to publicize our programs. The image(s) will remain the property of Grand Street Community Arts and will be used for the designated purpose of promoting Grand Street Community Arts aims in relation to widening access to the arts/ education. It may also be included in the central Grand Street Community Arts image library for use by other Grand Street Community Arts promotion.

I permit Grand Street Community Arts to use photographs of my child in Grand Street Community Arts publications and publicity material, and for inclusion in the central Grand Street Community Arts image library.

Signature (Parent/Guardian) _____

Date _____