



## Main Line Art Center Summer Teen Studio

Enclosed, please find two required forms: a **Pickup Form** and a **Child Emergency Form**.

**Please fill out the Emergency & Pick-up Forms completely & return them to the office before the first day of your teen's first studio class so that we may make any necessary accommodations in advance.**

Please feel free to call our office at anytime at 610.525.0272 ext 110

**CAMP LOCATION: All programs are held at Main Line Art Center, 746 Panmure Rd., Haverford, PA 19041**

1. **Arrival and Departure**: For the safety of your child, we **require** that the enclosed pickup form be filled out & returned with a signature (for any child under the age of 18). Classes begin promptly at 9:00 am and end at 11:45 pm, or begin at 12:45 pm and end at 3:30 pm (typically, please check your teen's schedule). Please do not drop off your teen more than 10 minutes early for class, and plan to pick up promptly when class ends.
2. **Should you need to change your child's pickup procedure, we require written notice.** At no time during the day are students allowed to leave MLAC grounds without expressed written instructions from a parent/guardian. A signed note the day of the change is sufficient for a temporary change; any permanent change will require a new pickup form to be filled out. In case of a last minute emergency, please call us ASAP. Our Teen Studio students typically depart from classroom directly to their pick-up arrangement, please notify us if you prefer your child remain in the building for guardian.
3. **Child Emergency Form**: Every child under 18 years of age (regardless of age) **MUST** have a Child Emergency form filled out, signed and turned into the office **BEFORE** the first day of their session. EPI-PENs and medications must be packed in a labeled backpack and carried with child at all times (see Child Emergency Form for full health policies).
4. **Attire**: Closed toe shoes are required. Wear comfortable clothes that can get messy or bring a smock. Long hair must be tied back.
5. **Bring water & bagged lunch/snacks everyday** (there are no vending machines or concessions). No students will be allowed to leave the property without written permission (see Pickup Form). The Art Center will provide supervision between morning and afternoon studios.
6. All art materials are provided, with exception of smart phones for smartphone-based filmmaking.

Thank you. We look forward to a fun and creative summer!

Sincerely,

*Main Line Art Center Staff*

Tel. 610.525.0272

[mainlineart.org](http://mainlineart.org)

**Build your portfolio. Build your confidence. Build your perfect summer.** For more information and additional programs for teens and young adults, please visit our website or contact us at 610.525.0272.

# TEEN - EMERGENCY FORM

PLEASE COMPLETE:	Last Name: _____
	Session _____

**A COMPLETED FORM MUST BE RECEIVED FOR YOUR CHILD TO ATTEND CLASS OR CAMP.** Please fill out **both sides** of this form and **return to the office with your signature *BEFORE*** your child's first day of camp/class. Please be sure to notify the office should any information need to be updated.

<i>OFFICE USE ONLY</i>	
<input type="checkbox"/>	Date of Entry: _____
<input type="checkbox"/>	_____

**RETURN TO:** MAIL: Main Line Art Center, ATTN: TEEN, 746 Panmure Road, Haverford, PA 19041  
EMAIL: MLAC.CAMP@gmail.com  
FAX: 610-525-5036

Child's Name: \_\_\_\_\_ Date of Birth (mm/dd/year): \_\_\_\_\_  
Boy  Girl  Grade in Fall \_\_\_\_\_

Home Address (street, city, state, zip): \_\_\_\_\_  
Primary Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Additional Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Please list other people that we may contact in case of an emergency: (include all telephone numbers, if necessary)

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Pediatrician's Name & Location: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Health Information

Does your child have special needs or any known learning differences or delays we should know about? Does your child have an IEP? (If so, please attach a copy)

\_\_\_\_\_

\_\_\_\_\_

Does your child require any support staff during the academic year?

Is there anything else you feel we should know about your child or any special accommodations needed?

\_\_\_\_\_

\_\_\_\_\_

Does your child need an Epi-Pen for allergic reactions?\*  yes  no  
Does your child require medication during camp/class hours?\*  yes  no  
Does your child have any medical conditions or allergies?  yes  no

\* If you answered yes to any of the questions listed above, please provide additional information on the back.

**PLEASE COMPLETE BOTH SIDES**

# EMERGENCY FORM – PAGE 2

## Health Information Continued

Main Line Art Center staff will not administer any medications or inhalers to students but will monitor while the student self-medicates. Epi-Pens will be administered in case of emergency **ONLY** if written authorization is given and written instructions accompanying the medication have been supplied **ONE WEEK prior to the start of the session. Epi-Pens must be carried with child at all times during camp in a labeled bag.**

In the case of minor cuts, and scrapes, Main Line Art Center staff will clean the wound and if necessary apply a topical antibiotic such as alcohol or Bactine. Please let us know if your child has any allergies to first aid supplies.

**Please list & describe medications that you child is currently taking or may need in an emergency.**

---

---

---

**Does your child have any medical conditions or allergies?**

Please be as specific as possible and include a copy of any important forms or information.

---

---

---

I hereby authorize Main Line Art Center and/or its representatives to

- Administer an Epi-Pen according to the WRITTEN DIRECTIONS which I have provided.
- Clean and/or apply topical antibiotics on superficial cuts, scrapes or wounds.
- Initiate Emergency Medical Services and emergency care for my child in the unlikely event that we are unable to reach any emergency contacts.

### **PARENTAL CONSENT:**

I, a parent/guardian of the above named child, hereby give my approval for his/her participation in any and all Main Line Art Center activities. I assume all risks and hazards incidental to such participation, and hereby waive, release, absolve, indemnify and agree to hold harmless Main Line Art Center and its agents and employees, from any and all liability and/or damages, whether the result of negligence or for any other cause.

→ **Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

- I would like to speak with the Education Director regarding my son or daughter's health.

PLEASE COMPLETE BOTH SIDES

# TEEN PICK UP FORM

**NOTE:** Only those listed on this form by the legal parent or guardian are allowed to pick up your child.  
Teens may not leave MLAC grounds between classes.

PLEASE COMPLETE:

Last Name: \_\_\_\_\_

OFFICE USE ONLY

Date of Entry:

**RETURN TO:** MAIL: Main Line Art Center, ATTN: TEEN, 746 Panmure Road, Haverford, PA 19041

EMAIL: MLAC.CAMP@gmail.com

Questions?: 610-525-0272 ext. 110

PLEASE PRINT LEGIBLY

Your Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date(s) Attending: \_\_\_\_\_

Guardian Name(s): \_\_\_\_\_ Relationship(s): \_\_\_\_\_

Please fill out the option that applies to your child's pickup schedule. If there is more than one guardian, it is mandatory that all names, phone numbers and designated days be listed! **NOTE: Only those listed on this form by the legal parent or guardian are allowed to pick up your child.**

I will be picking up my child.

(Printed) Name: \_\_\_\_\_

My child has permission to Walk Home/Leave Art Center grounds after class

Drives their own vehicle

Additional adults picking up my child (grandparent, baby-sitter, etc).

Name of person picking my child up: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Designated Pickup Days: \_\_\_\_\_

My child is part of a car pool. The other children in the car pool are (please print legibly):

\_\_\_\_\_

The driver will be: \_\_\_\_\_ Phone#: \_\_\_\_\_

\*If there will be more than one driver during the Session, please provide that information below:

Name: \_\_\_\_\_ #: \_\_\_\_\_ Days: \_\_\_\_\_

**MUST SIGN BELOW:**

**Signed** (parent/guardian signature): \_\_\_\_\_ Date: \_\_\_\_\_