




Youth in Grades k-6. Four Convenient Locations: CedarCreek South, Tabernacle, CedarCreek West, McClinton Nunns. 
Details and registration at arttatumzone.org/education. Limited space at each location. Runs Mon-Fri through end of April.

Thank you for your interest in having your child join us for lots of fun while working on academics, arts and enrichment in the ATZ After School Program. The AfterSchool Program will start the week of Sept 6 and run through end of April. We will be closed when TPS is closed. Please complete this form in its entirety. **GRADES K through 6.**

What site would you prefer for your child to attend?*

- The Tabernacle, 531 Pinewood Ave., Toledo, OH 43604
- CedarCreek South, 2150 South Byrne Rd, Toledo OH 43614
- McClinton Nunns, 430 Nebraska Ave., Toledo, OH 43604
- CedarCreek West, 2600 West Sylvania Ave, Toledo, OH 43613

Parent /Guardian Information: Email * _____

Last Name * _____ First Name _____

Phone * _____ Street Address * _____

City _____ Zip Code * _____

Child's Full Name _____ Grade _____

TPS School Name if applicable _____ TPS 900 # _____

Password _____ Date of Birth ____/____/____

Race _____ [] n/a Gender [] M [] F [] n/a T Shirt Size [] S [] M [] L [] XL [] _ 2XL

Allergies/Medical Conditions: _____

2nd Child's Full Name _____ Grade _____

TPS School Name if applicable _____ TPS 900 # _____

Password _____ Date of Birth ____/____/____

Race _____ [] n/a Gender [] M [] F [] n/a T Shirt Size [] S [] M [] L [] XL [] _ 2XL

Allergies/Medical Conditions: _____

3rd Child's Full Name _____ Grade _____

TPS School Name if applicable _____ TPS 900 # _____

Password _____ Date of Birth ____/____/____

Race _____ [] n/a Gender [] M [] F [] n/a T Shirt Size [] S [] M [] L [] XL [] _ 2XL

Allergies/Medical Conditions: _____

Permission for Participation--I give permission for my student to attend the ATZ After School Program and to participate in its programming. I hereby release and discharge the ATZ Learning Center sites operated under the Tabernacle, Day 52 Inc or The Art Tatum Zone, its directors, officers, administrators, volunteers, program partners, host sites (including but not limited to Cedar Creek Church, Toledo Museum of Art) and other parties of every kind of injury incurred by my student while in attendance of the programs. This includes release for transportation and participation in field trips. I further agree to hold harmless and fully indemnify Tabernacle, Day 52 Inc., or the Art Tatum Zone and all involved parties of interest from any and all claims, damages, costs, including attorney fees and causes of action, which may arise from any cause of action by me, or on behalf of my child.

(Sign) * _____

MEDIA RELEASE for The Art Tatum Zone and its partners: I give consent (or do not give consent) for photographs, audio, video or electronic images of my student, original written materials, artwork or other work created by my child(ren) during the course of programming to be used by The Art Tatum Zone, and its partners outside of the school setting for public display, publication, publicity materials, news and social media stories, video, audio or other such as The Art Tatum Zone's website and/or social media pages. I understand that my child's name may also be used with such display. The Art Tatum Zone loves to celebrate the successes of students with you!

(Sign)* _____

In case of medical emergency, I authorize ATZ staff to call a doctor or practitioner to administer aid and treatment for my student. *

() Yes

() No

Medical Insurance Company / Policy Number * _____

By signing my full name below, I acknowledge I have read this complete application and this form, and am requesting that my student(s) be admitted as a participant of one of the Art Tatum Zone's Learning Centers / Camps / After School Programs.

(Sign) * _____

Date signed. _____

Thank you for completing this registration. Space is limited in the after school program and at each site. Children will be registered on a first come first serve basis. You may expect to receive an email/text or phone call within three-five days of

Please identify any other needs of your student(s) and/or family. (Check all that apply)

transportation

utilities assistance

food support

cleaning supplies

toiletries

mental health support

medical (vision, dental, etc.)

Tutoring / Math

Tutoring / Reading

Prayer/Spiritual Support

Other: _____