ART TATUM ZONE

Tatum Town Kids Admission Form

PLEASE PRINT ON THIS ENROLLMENT FORM and COMPLETE all areas of information and return

Preferred Location:
Pre-K Student ____ Bright Beginning
Grade School/ Tatum Town Kids at ___ Tabermacle ___ MLK Academy ___ Ella P Stewart ___ Pickett ___ Atz Nunns
Grades 7-12 Student _____ ARTrepreneurs
Planned Attendance: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday (Bright Beginning only) ____

Parent /Guardian: Email _____

Name _____ Phone _____

Street Address _____ City_____ Zip Code _____

1st Student's Full Name _____ Grade in School 25/26 _____
School Name _____ TPS 900 # _____N /A ____
Date of Birth ___ ___/ ___ ___ / ___ ___ ___ ___ Age _____ Race _____
Gender [ ] M [ ] F [ ] no answer T Shirt Size [ ] S [ ] M [ ] L [ ] XL [ ] _____
Allergies/Medical Conditions: _____

2nd Student's Full Name _____ Grade in School 25/26 _____
School Name _____ TPS 900 # _____N /A ____
Date of Birth ___ ___/ ___ ___ / ___ ___ ___ ___ Age _____ Race _____
Gender [ ] M [ ] F [ ] no answer T Shirt Size [ ] S [ ] M [ ] L [ ] XL [ ] _____
Allergies/Medical Conditions: _____

3rd Student's Full Name _____ Grade in School 25/26 _____
School Name _____ TPS 900 # _____N /A ____
Date of Birth ___ ___/ ___ ___ / ___ ___ ___ ___ Age _____ Race _____
Gender [ ] M [ ] F [ ] no answer T Shirt Size [ ] S [ ] M [ ] L [ ] XL [ ] _____
Allergies/Medical Conditions: _____

4th Student's Full Name _____ Grade in School 25/26 _____
School Name _____ TPS 900 # _____N /A ____
Date of Birth ___ ___/ ___ ___ / ___ ___ ___ ___ Age _____ Race _____
Gender [ ] M [ ] F [ ] no answer T Shirt Size [ ] S [ ] M [ ] L [ ] XL [ ] _____
Allergies/Medical Conditions: _____

5th Student's Full Name _____ Grade in School 25/26 _____
School Name _____ TPS 900 # _____N /A ____
Date of Birth ___ ___/ ___ ___ / ___ ___ ___ ___ Age _____ Race _____
Gender [ ] M [ ] F [ ] no answer T Shirt Size [ ] S [ ] M [ ] L [ ] XL [ ] _____
Allergies/Medical Conditions: _____

CONTINUE ON BACKSIDE to complete process with signature

THREE DIFFERENT Emergency Contacts NAME, RELATIONSHIP to CHILD and PHONE must be provided. These will be contacted when we cannot reach the listed parent/guardian. You are authorizing these people to be able to pick up your student in your stead.

_1. _____

_2._____

_3._____

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

I give permission for my student to attend the Art Tatum Zone and to participate in its programming. I hereby release and discharge the ATZ program 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 MLK Academy, Ella P Stewart Academy, Pickett Academy, Metroparks, 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.

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!

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

Signature _____
Date signed _____
_____ ***check here if your child is allowed to WALK or self-transport to and from ATZ program***

Thank you for your interest in Tatum Town Kids and completing the first step in this process. We will be following up with you to complete the next step in the enrollment process; childcare assistance. If you have questions about this and other program opportunities, contact Dewey Foster, ATZ Engagement Director at 614-264-2868.