



The After School Arts Program (A.S.A.P.) offers students, ages 7-17, residing within the the Reading School District and beyond, the opportunity to explore, experiment, and develop their creativity through hands-on, collaborative projects at no cost to their families.

Taught by professional artists and educators within the safe, dynamic studio environments at GoggleWorks, A.S.A.P. runs three terms per year (fall, winter, and spring), Monday through Thursday from 3:30-5:30pm. Students can choose to attend one or more classes per week offered in their respective age bracket.

At the conclusion of each term, A.S.A.P. students invite their family and friends to GoggleWorks for Family Arts Night—an evening showcasing the students' completed work.

Contact:  
James Pastore, Director of Program Operations  
jpastore@goggleworks.org  
610.374.4600 x112

# **After School Arts Program A.S.A.P.**

## **General Policies & Procedures**

### *Student Arrival & Departure*

- Students under the age of 13 must be signed in and out by a designated adult. If the student is over 13 years old, a parent or guardian must provide written permission for the student to leave campus unaccompanied upon dismissal.
- Students will only be release to the adult(s) listed on the A.S.A.P. application.
- If a student has not been picked up upon dismissal, a GoggleWorks staff member/instructor will escort the student to the Information Desk and call the indicated emergency contact.

### *Attendance*

All students are expected to arrive on time and prepared for class and/or activities. If a student will be absent, please contact GoggleWorks at 610.374.4600 prior to start of the class. Students whose parent/gaurdian fails to notify GoggleWorks of their absence will be considered unexcused. Students with 3 or more unexcused absences will be asked to leave the program. Upon completion of the program, all students with perfect attendance will be invited to attend a free glassblowing workshop.

### *Code of Conduct*

All GoggleWorks students are expected to behave in a courteous, responsible manner. Good behavior and cooperation are essential for meaningful learning and a successful experience for all students involved. Students are expected to respect all GoggleWorks staff, instructors, fellow students, property, and other personal belongings. Appropriate language shall be used at all times. GoggleWorks reserves the right to remove a student from the A.S.A.P. program due to misbehavior.

### *Personal Property*

GoggleWorks is not responsible for any lost or damaged personal property.

# After School Arts Program Application

## Fall 2017



**ages 7-10**

**8 weeks (Sept. 18-Nov. 9)**

**3:30-5:30pm**

**Monday-Thursday**

Students can explore a variety of materials and techniques in these media-specific classes. Our Fall term offers ceramics on Mondays, mixed media on Tuesdays, virtual reality digital painting on Wednesdays, and fused glass on Thursdays each week.

Students can choose one or more classes/days of the week to attend. Completed projects by students from each class will be on display during Family Arts Night, on the evening of November 9th.

### Section A Course Information

Please check the courses you would like to attend. Students may choose more than one day.

Mondays / Ceramics

Wednesdays / Virtual Reality Digital Painting

Tuesdays / Mixed Media

Thursdays / Fused Glass

### Section B Student Information

Name of Student: \_\_\_\_\_

Male  Female Age of Student: \_\_\_\_\_ Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Ethnicity (optional)  White  Black  Hispanic  Asian/Pacific Islander  American Indian/Alaskan Native

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Section C Parent/Guardian Information**

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

Phone (Home): \_\_\_\_\_ Phone(Work): \_\_\_\_\_

Phone(Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Alternative Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone(Work): \_\_\_\_\_ Phone(Cell): \_\_\_\_\_

**Section D Misc. Information**

Allergies: Does your child have any allergies?  Yes  No

If yes, what type: \_\_\_\_\_

Special Needs: Does your child have any special needs the instructors should be aware of?

Yes  No

If yes, please let us know: \_\_\_\_\_

**Photographs and Video:** GoggleWorks reserves the right to use photographs of students taken during programs for the marketing and promotion of the arts center in print and online. Please check this box if you **do not** want your child to be photographed.

No, I do not want my child photographed.

**I have read and agree to all A.S.A.P Policies and Procedures.**

Parent/Guardian Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to:**

GoggleWorks Center for the Arts / attn: James Pastore  
201 Washington Street  
Reading, PA 19611