

ARTS IN ACTION Visual Art Program

Afterschool Pick-up TERMS OF AGREEMENT for ANDERSON SCHOOL

Welcome AIAVAP Families!

AIAVAP personnel will pick up your child from The Anderson School, and bring him/her to our studio. We meet your child in **ROOM 102** at **2:45 PM**. This is the space that Anderson allocates for after school children to wait to be picked up. You are reasonable to communicate to your child's classroom teacher that your child will need to be allowed to go to the designated pick up space before the class is dismissed in the yard.

PLEASE NOTE: You must notify AIAVAP if your child will not need to be picked up from school at least 24 hours in advance of his/her scheduled pickup day. Call the Program Director, Angela Tripi-Weiss at (917) 741-2297.

Your child's teacher will need a copy of this note from you telling him/her that Arts in Action can pick up your child. We, AIAVAP Inc. will also need this note with our employee when they come to pick up your child. You may copy, paste, and electronically sign this note OR print, hand sign and send to email address provided below. You may also write us an e-mail, however you must use all wording listed below. We will print it out for our records. All pick up notes must be signed by parent or guardian. We can not pick up your child without this signed note.

Thank you for choosing AIAVAP to enrich your child's fine art learning experience!
Provide 1 Copy to: Tanya Tripi-Weiss, REGISTRAR, tanya.artsinaction@gmail.com
Provide 1 COPY TO YOUR CHILD'S HOMEROOM TEACHER

AIAVAP INC. Afterschool Pick-up Note & Agreement form: The Anderson School

To: _____ (classroom teacher's name)

Room _____ Grade _____ School _____

I give Arts in Action Visual Art Program, Inc., the right to pick-up my child,
(name of child) _____ **on** (day of week) _____ **in**
Room 102 of The Anderson School, from September 8th, 2016 to June 30, 2017.

I AM AWARE & AGREE WITH ALL AIAVAP INC POLICIES & TERMS ABOVE.
Print and sign first and last name of parent or legal guardian.

PRINT _____

SIGNATURE _____ DATE _____

Emergency contact phone number from 3-6 PM weekdays is:

NAME _____ Phone # _____

NAME _____ Phone # _____