

## After School Pick-up TERMS OF AGREEMENT for P.S. 452

Welcome AIAVAP Families!

AIAVAP personnel will pick up your child from PS 452, and bring him/her to our studio. We will pick-up your child from his/her classroom teacher in the school yard at **2:55 PM**. This is the space that PS 452 allocates for after school children to wait to be picked up.

**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, and must be electronically signed. All pick up notes must be signed by parent or guardian. We cannot 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

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### AIAVAP INC. After School Pick-up Note & Agreement form: P.S. 452

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)** \_\_\_\_\_ **at**  
**2:55pm in the yard on Columbus Ave and 77<sup>th</sup> Street OR at the main office's**  
**bench outside room 224 of P.S. 452 from Sept. 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 # \_\_\_\_\_