



MaineStay YOUTH & FAMILY SERVICES

Art in the Town Application Guidelines

1. Applicants must be between the ages of 8-14, meet family income qualifications, and reside or attend school within the boundaries of Maine Township to qualify for participation in this program.
2. This free art program gives children the opportunity to experience an art education through qualified instructors from the Brickton Art Center in Park Ridge. Participants will paint, sculpt, draw, and explore other art mediums in an effort to enhance their artistic abilities.
3. Parents must include a recommendation letter from an art teacher or social worker at their child's school. Letters may be attached to the application or emailed to Anne at acamarano@mainetown.com.
4. All information on the following application must be true and accurate. Anyone providing false information on their application will be automatically disqualified from participation in this program. All application information will be kept confidential and will be used only to determine eligibility for this program.
5. All applications will be individually reviewed. Maine Township reserves the right to approve or deny admission into this program and is under no obligation to disclose reasons for non-acceptance. Participants may be removed from the program at any time for failure to meet expectations or for any inappropriate behavior.
6. Completed applications should be returned to Anne Camarano in person, via email (acamarano@mainetown.com), fax (847-297-5914), or by mail to the address below.

Parents,
please keep this
Application
Guidelines page
for your
records.



MaineStay

YOUTH & FAMILY SERVICES

Art in the Town Application

YOUTH INFORMATION			
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Age:
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino Other: _____			
Grade:	School:	Free/Reduced Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PARENT/GUARDIAN INFORMATION			
Name:		Relationship to Child:	
Living Situation: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Other Relative			
Home Address:			
Apt/Unit:	City:	State:	Zip:
Cell Phone:	Home Phone:	Work Phone:	
Email Address:			
ALTERNATE EMERGENCY CONTACT INFORMATION			
Name:		Relationship to Child:	
Address:			
Apt/Unit:	City:	State:	Zip:
Cell Phone:	Home Phone:	Work Phone:	
PICKUP INFORMATION			
The following people are allowed to pick up my child:			
Name:	Relationship to Child:	Phone:	
Name:	Relationship to Child:	Phone:	
Name:	Relationship to Child:	Phone:	

FOR OFFICE USE ONLY	
Date Application Received: _____	Status: _____

PROGRAM NEEDS	
Does your child have any known allergies (food, peanut, medication, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please list:</i>	
Does your child take any medication (prescription or over-the-counter)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please list:</i>	
Does your child have any medical or physical health concerns (asthma, diabetes, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please list:</i>	
Does your child have any mental health concerns or a mental health diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please list:</i>	
Does your child have any special needs that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please explain:</i>	
FINANCIAL INFORMATION	
Gross Household Income:	
<input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$10,000-\$15,000 <input type="checkbox"/> \$15,000-\$20,000 <input type="checkbox"/> \$20,000-\$25,000 <input type="checkbox"/> \$25,000-\$30,000 <input type="checkbox"/> \$30,000-\$35,000 <input type="checkbox"/> \$35,000-\$40,000 <input type="checkbox"/> \$40,000-\$45,000 <input type="checkbox"/> \$45,000-\$50,000 <input type="checkbox"/> Over \$50,000	
Living Arrangement: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Mortgage/Rent Payment:
Number of Family Members in Household:	Number of Minors Living in Household:
Currently Receiving Public Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No	

REQUIRED DOCUMENTATION

Please include proof of free/reduced lunch eligibility, which may be obtained from your child's school.

If your child is NOT eligible for free/reduced lunch, please provide the following documents:

1. Copies of all W-2 forms from prior year for all adults living in your household
2. Proof of income for all adults living in your household (e.g. 3 months of pay stubs, social security award letter, child support documentation, etc.)
3. Proof of residency (e.g. utility bill, lease, mortgage statement, property tax bill)

I declare that to the best of my knowledge and belief the information supplied in this application and all accompanying statements or documents is true and correct. I understand that Maine Township reserves the right to verify the above information as necessary.

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE



MaineStay
YOUTH & FAMILY SERVICES

Art in the Town Permission Form

I, _____, am the parent and/or legal guardian of _____,
PARENT/LEGAL GUARDIAN'S NAME CHILD'S NAME

a minor, and I agree to permit him/her to attend and participate in the Art in the Town program. I understand that certain risks and dangers may exist in my child's attendance, and participation in this program is conditioned upon my agreement to release any claims of liability, including, but not limited to, any claims for property loss or personal injury to my child/ward. Therefore, in exchange for the opportunity of my child/ward to attend and participate in this program, I hereby voluntarily release Maine Township and the Brickton Art Center, as well as its board, officers, staff, employees and volunteers from all claims which I or my child/ward may have for liability or legal responsibility for any damage or loss of any kind, including, without limitation, claims for personal injury, property damage or loss, and economic loss occurring during or resulting from my child's attendance and/or participation and/or travel to or from program destinations which is caused by negligence, breach of contract, strict liability, or otherwise.

I authorize my child/ward to receive medical treatment by a qualified and licensed doctor in the event of a medical emergency.

I hereby grant permission to Maine Township and the Brickton Art Center to utilize photographs taken of my child/ward during the course of his/her participation in the Art in the Town program for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

I have read this agreement carefully, understand its contents, and sign it voluntarily.

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE