

eastern iowa  
**arts**  
academy



[www.easterniowaartsacademy.org](http://www.easterniowaartsacademy.org)

AFTER SCHOOL

PROGRAM

Hoover Elementary School

## Aboriginal Art

**Thursdays, 3:55-4:55 pm**

*Class Dates: March 22 – May 10*

**Grades: 3-5**

**Instructor: Amy Licher**

**Class meets in the art room**

Students will create one-of-a-kind artworks inspired by the Aboriginal Artwork of Australia. We will make our own rock art, dot paintings and rain sticks while learning about the native people of Australia and their art.

**\* NO COST \***

*Class size is limited - REGISTER EARLY! Return registration form to school before March 22.*

**OR**

**Register online at [www.easterniowaartsacademy.org](http://www.easterniowaartsacademy.org)**

*Email questions to Eastern Iowa Arts Academy at: [info@eiaaprogram.com](mailto:info@eiaaprogram.com) or call 319-350-1805*



# After School Program Registration Form

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Grade \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Current School Attending \_\_\_\_\_

Class Title \_\_\_\_\_ Gender: Female  Male  Birthdate: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

Select all of the race/ethnic categories to which you belong.

Ethnicity/Race: (please indicate) American Indian or Alaska Native  Asian   
Black or African American  Hispanic  Native Hawaiian or other Pacific Islander  Other  White

Any health issues we need to be aware of? \_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_ P/G Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ P/G Cell Phone \_\_\_\_\_  
Please list emergency contact information

P/G E-Mail Address \_\_\_\_\_ Marital Status: Married   
Single

Household Income Range: \$0 – 7,499  \$7,500 – 9,999  \$10,000-14,999   
\$15,000-24,999  \$25,000 - 34,999  \$35,000 and over

We appreciate you sharing this information with EIAA. This information will assist us in securing additional funding for EIAA's programs. All information will be kept private and will not be shared.

**RELEASE/WAIVER:**  
We (I) understand that reasonable measures will be taken to safeguard the health and safety of all participants in this program. Notification of any emergency affecting the student will be communicated as soon as possible to the contacts listed above. We (I) authorize medical care to and/or transportation of the student to the hospital at our (my) expense to provide emergency care as deemed necessary. We (I) hereby release Eastern Iowa Arts Academy, its employees, and/or agents and volunteers, from any claim for personal injury or property damage resulting from or arising out of activities in which the student participates, whether on the EIAA premises or elsewhere.

**PHOTO CONSENT:**  
We (I) agree that EIAA may use the above named students photograph and/or videotaping in the routine promotion of its classes and activities and for other non-commercial applications. (ie: website, Facebook, television, annual reports, videos, brochures and other promotional material).

**PERSONAL ARTWORK:**  
We (I) agree to have my student's personal art displayed at various location(s) around the community with my student's name published.

**By signing below, you agree and comply with the Release/Waiver,  
Photo and Artwork Consent Policies.**

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