



Arthur Elementary School

Mallet Ensemble

Rotating Schedule, 3:50 - 4:50 pm

September 18 – November 5

Class dates: 9/18, 9/20, 10/1, 10/11, 10/15, 10/23, 11/1, 11/5

Class meets in the Music Room

Grades: 3-5

Instructor: Darren Knipfer

Come make music with xylophones in the Arthur Music Room. Students will learn correct mallet techniques, performance etiquette, and working as a team with kids of different ages.

Note: Students will perform at the Arts Alive! Showcase Saturday, Nov. 10, 2018. Details will be provided by the instructor.

*** NO COST ***

Class size is limited - REGISTER EARLY! Return form to school before September 18

OR Register online at www.easterniowaartsacademy.org

Email questions to Eastern Iowa Arts Academy at: info@eiaaprogram.org 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 _____