



Summer Glass Arts Program at Jason Lee Middle School, 2019

Dear Parent/Guardian:

Your student has expressed interest in enrolling in the Hilltop Artists Summer Glass Arts Program.

Our **Jason Lee Middle School** classes will focus on students in middle school, but high school students will be considered. All experience levels are encouraged to apply. **Students must be at least 12 to participate.**

Summer Glass Arts Program at Jason Lee Middle School

This program consists of 3 two-week sessions, classes are Monday through Thursday.

Where: Jason Lee Middle School (602 N Sprague Ave, Tacoma, WA 98403)

Dates for **Session 1**: July 1 - July 11th, No class on Thursday July 4th, Family day July 11th

Dates for **Session 2**: July 15th - July 25th, Family day July 25th

Dates for **Session 3**: July 29th - August 8th, Family day August 8th

Time: 8:45 am to 10:45 am or 11:00am to 1:00pm

Students may choose between glassblowing, flame-working (bead-making) or glass fusion. These sessions fill up fast and there is always a waiting list. You will be notified by email or by phone of your student's placement in the program. We will also add you to our parent email list so we can keep you up to date on future events and program enrollment.

Your student may choose one session. Please indicate first and second choice on the application form.

FREE lunch will be served in the cafeteria Monday-Thursday. (Time TBD)

The last day of each session is a celebration of student work. Parents are encouraged to attend!

The materials fee for each 2-week session is \$100. Please see application for payment instructions.

This fee will be waived if your student is eligible for free or reduced lunches at school, or may be reduced or waived with request and approval from Hilltop Artists. Serving students is always our goal!

Through this program we try to work very closely with students and parents. We want everyone to understand that even with Hilltop Artists' emphasis on safety there is a risk involved when working with molten glass. There is also an expectation that the students will be prompt and reliable, as others depend on them to be part of the team. We understand that summer is a busy time, but we ask that your student commit to the entire two week session.

We hope that you are excited to have your son/daughter participate in the adventure of the Hilltop Artists Glass Arts program. It is a great summer activity! Please complete the attached enrollment form as soon as possible and return it to Kathy Anderson in order to participate. You can return the completed form in person, by mail, or scan the completed forms and email to: kanderson@hilltopartists.org

You can also complete a form online. Go to <https://www.hilltopartists.org/summer/> and follow the instructions there.

Kathy Anderson
Outreach Manager
253- 571-7739 (office)
253-732-4667 (cell)
kanderson@hilltopartists.org

PO Box 6829 Tacoma WA 98417, Jason Lee Middle School, 253-571-7670

www.hilltopartists.org

Using glass art to connect young people from diverse cultural and economic backgrounds to better futures

Hilltop Artists Summer Class Descriptions:

Summer Glassblowing

Students will learn about hot shop safety, basic glassblowing terminology and a variety of glassblowing techniques and skills. By the end of the two-week session, students will create their very own paperweight, cup, bowl, and more!

Summer Bead-Making

Students will learn how to use a torch to melt glass rods to create beads and also how to add different colors and textures. Students will create a variety of glass beads during this two-week session and learn some basic techniques for creating jewelry.

Summer Glass Fusion

This two-week session will provide an exciting and informative introduction to the creative world of glass fusion! Students will learn to cut and grind a variety of shapes and use them to create geometric slumped trays, creatures, and if time permits, designs of their own.

**HILLTOP ARTISTS SUMMER PROGRAM AT JASON LEE MIDDLE SCHOOL
STUDENT INFORMATION FORM 2019**

Which session would you like to attend? (Please check only one)

- Session 1 (July 1 – July 11) Session 2 (July 15 – July 25) Session 3 (July 29 – August 8)

Which class time would you like to attend? (Please check only one)

- 8:45 am to 10:45 am 11:00am to 1:00pm

STUDENT INFORMATION			
STUDENT NAME		SCHOOL ID#	
ENROLLED AT (NAME OF SCHOOL, FALL 2019)			
DATE OF BIRTH	AGE	GENDER	GRADE LEVEL (FALL 2019)
ETHNICITY –CHECK ONE (OPTIONAL)			
<input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN/PAC ISLAND <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> OTHER _____			
HOME LANGUAGE _____		PRONOUNS (I.E., SHE, HE, THEY, ZE) _____	
STREET ADDRESS			
CITY		STATE	ZIP
PARENT/LEGAL GUARDIAN NAME(S)			
PARENT/GUARDIAN PHONE			
EMAIL (PLEASE PRINT CLEARLY)			
LIVING WITH –CHECK ONE (OPTIONAL)			
<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER _____			
ARE ANY OF YOUR IMMEDIATE FAMILY ACTIVE-DUTY MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE ANY OF YOUR IMMEDIATE FAMILY MEMBERS MILITARY VETERANS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN. E.G. LOCAL FRIEND, NEIGHBOR, RELATIVE)		
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP

GLASS EXPERIENCE, CLASS SELECTION, AND MATERIAL FEE
WHAT IS YOUR GLASSBLOWING EXPERIENCE? –CHECK ONE (THIS QUESTION IS REQUIRED TO PARTICIPATE IN GLASSBLOWING) <input type="checkbox"/> I HAVE NEVER BLOWN GLASS. <input type="checkbox"/> I TRIED GLASSBLOWING A COUPLE TIMES. <input type="checkbox"/> I TOOK A CLASS WITH HILLTOP ARTISTS. <input type="checkbox"/> I HAVE TAKEN MORE THAN 1 YEAR OF GLASSBLOWING CLASSES.
WHICH GLASS ARTS CLASS WOULD YOU LIKE TO PARTICIPATE IN? (PLEASE MARK YOUR 1ST, 2ND, AND 3RD CHOICE) _____ BEAD-MAKING _____ FUSING _____ GLASSBLOWING
PAYMENT FOR MATERIALS FEE (MATERIALS FEE IS \$100)
<input type="checkbox"/> MY STUDENT IS ELIGIBLE FOR FREE OR REDUCED LUNCHES (NO FEE) <input type="checkbox"/> I WOULD LIKE TO REQUEST A REDUCTION OR FEE WAIVER <input type="checkbox"/> I AM ENCLOSING A CHECK WITH THIS APPLICATION <input type="checkbox"/> I WOULD LIKE TO PAY WITH A CREDIT CARD (WE WILL CONTACT YOU).

PARENTS: You will be notified by email or by phone about your child's placement in the program. Please note that every attempt will be made to place your student in the class and time of their choice, but the classes fill up quickly and sometimes your student may be placed on the waiting list. Thank you for your understanding!

In the event my child is injured or becomes seriously ill and the parent/guardian or family doctor cannot be reached, I hereby delegate Hilltop Artists to do what is in the best interest of my child.

Parent/Guardian Signature

Print Name

Date



Photography & Video Release

I, the undersigned, hereby grant permission to Hilltop Artists in Residence to allow photographs, slides or videos to be taken of my child/student as a participant in Hilltop Artists. I understand such photographs or videos may be used for private or public television viewing, be reproduced in newspapers, Tacoma School District, or other publications, social media, or in slide shows.

Name of child/student

Name of parent or guardian

Date

Signature

Medical Release/Waiver Agreement

Hilltop Artists takes reasonable and appropriate precautions to ensure the safety of the Hot Shop participants; however there is an element of risk when working with hot glass and related equipment. I understand that I (my student) will be trained in safety procedures and I agree to hold Hilltop Artists and supporting agencies harmless in the event of injury.

In the event of an accident or illness, every effort will be made to contact the parent or guardian immediately. However, if I cannot be reached, I authorize Hilltop Artists in Residence to obtain necessary emergency medical care for my child, _____. I understand that it may include emergency surgery and/or medication for my child, and reasonable effort will be made to contact me, or my emergency contact.

Signature of parent/guardian

Date

Please list any special medical information that could be important to your child:

Does your student have any mental or physical health issues that we should be aware of?

Name of parent or guardian

Telephone (home)

Telephone (work/cell)

Emergency Contact Name

Telephone (home)

Telephone (work/cell)

Doctor Name

Telephone