



Arts & Smarts Registration Form Participants Grade 1-8 Summer 2026

Child's Name _____ Age _____

Name of Parent(s) or Guardian(s) _____

Street _____ City _____ Zip _____

Phone Number _____ Alternate Phone number _____

School _____ Grade Just Completed _____

Is your child attending Summer School? ___ Yes ___ No

If yes, where? _____ What is the dismissal time? _____

Please list any food allergies or food restrictions your child has _____

Emergency contact person (other than guardian(s)) _____

Relationship to child _____

Emergency Contact Phone Number _____ alternate phone number _____

Emergency contact address _____

There is no cost to participate in Patchwork Central's Arts & Smarts Program!

Please register my child in the following:

(Check all that apply. If any week is full, your child will be placed on a waiting list.)

- | | | | | | |
|--------------------------|--------|------------|-----------------|---------|--------------------------------------|
| <input type="checkbox"/> | Week 1 | June 8-10 | 2:30 pm-5:00 pm | Mon-Wed | Completed 1 st Grade & up |
| <input type="checkbox"/> | Week 2 | June 15-17 | 2:30 pm-5:00 pm | Mon-Wed | Completed 1 st Grade & up |
| <input type="checkbox"/> | Week 3 | June 22-24 | 2:30 pm-5:00 pm | Mon-Wed | Completed 1 st Grade & up |
| <input type="checkbox"/> | Week 4 | July 6-8 | 2:30 pm-5:00 pm | Mon-Wed | Completed 1 st Grade & up |
| <input type="checkbox"/> | Week 5 | July 13-15 | 2:30 pm-5:00 pm | Mon-Wed | Completed 1 st Grade & up |
| <input type="checkbox"/> | Week 6 | July 20-22 | 2:30 pm-5:00 pm | Mon-Wed | Completed 1 st Grade & up |

Each week will include a combination of art, gardening, and storytelling with Susan Fowler!

Parents, guardians, and teens may attend Arts & Smarts programming with children, but they **must** complete the appropriate volunteer applications and background check.

SIGNATURE REQUIRED ON BACK...

Emergency Information

Family/Child's Physician _____ phone _____

List/explain any allergies, medications, or existing conditions that require special attention:

Are there any emotional or behavioral disorders or physical limitations that you would like Patchwork to be aware of in order to better serve your child? _____

Are there any additional instructions or things you would like us to know related to emergency situations, pick up and drop off time, or any other part of your child's participation here? _____

Do you have a hospital preference? _____

****PARENT/GUARDIAN SIGNATURE:**

I, the undersigned parent or guardian of the minor child named above, hereby grant permission for this child to participate in all activities as part of the programs described including off-campus activities. Further, I agree to assume all risks and liabilities associated with my child's participation in said program(s) and to hold Patchwork Central and all Patchwork Central employees, interns, and volunteers harmless from all claims that may arise as a result of such participation. In case of emergency, I hereby authorize Patchwork Central and its staff to obtain medical care for my child.

Photo permission: Patchwork Central has my permission to photograph and/or videotape the minor child named on this form and his or her artwork during the program(s) for publicity purposes and use in all media.

Parent Communication: All communication from our Arts & Smarts staff by phone, text, and email will come to you, the parent/guardian. We will **not** communicate directly with your children by phone or email.

Parent/Guardian Signature _____ **date** _____

YES!! Please add me to Patchwork's email mailing list with bi-weekly newsletters and other updated information about all of Patchwork's programs.

My email is _____

Please return this form to: Patchwork Central, Inc., 100 Washington Ave, Evansville, IN 47713-1521 • Phone: 812- 424-2735

Demographic Information—Summer 2025

1. **Participant Name:** _____

2. **Race (Pick One):**

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi - Racial |

3. **Hispanic Ethnicity** Yes No

4. **Female Headed Household** Yes No

5. **Military Veteran Household** Yes No

6. **Disability** Yes No

7. **Income Guidelines:**

a. Step 1—Circle the number of persons in your household.

b. Step 2—Circle your household income range (under the number you already circled in Step 1.)

Number of Persons in Your Household								
2024 AMI Effective 5/2024	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
0-30%	\$0-\$19,050	\$0-\$21,800	\$0-\$26,650	\$0-\$32,150	\$0-\$37,650	\$0-\$43,150	\$0-\$48,650	\$0-\$54,150
31-50%	\$19,051-\$31,750	\$21,801-\$36,250	\$26,651-\$40,750	\$32,151-\$45,300	\$37,651-\$48,950	\$43,151-\$52,550	\$48,651-\$56,200	\$54,151-\$59,800
51-80%	\$31,751-\$50,750	\$36,251-\$58,000	\$40,751-\$65,250	\$45,301-\$72,500	\$48,951-\$78,300	\$52,551-\$84,100	\$56,201-\$89,900	\$59,801-\$95,700
Over 80%	\$50,751+	\$58,001+	\$65,251+	\$72,501+	\$78,301+	\$84,101+	\$89,901+	\$95,701+

Your responses on this form help us when we apply for and report on grants that help to pay for this programming. This funding helps us make our programming free for everyone to participate. We appreciate your time providing this information. Patchwork Central ensures that everyone is treated equitably regardless of race, color, national origin, sex, age, disability, religion, sexual orientation, gender identification, or veteran status.