



# Expression

PROGRAM YEAR: 2023 - 2024



Expression PARENTAL WAIVER

By signing this agreement, you agree to the permissions listed below.

I \_\_\_\_\_, consent to:

1. Notify The Bridge staff if your child will not be attending programming, ideally 1 week prior to the scheduled program.
2. Provide permission to communicate with staff regarding project purposes, fill out surveys, and allow survey information to go into our database.
3. Allow your child to communicate with staff and volunteers outside of program time, including at school.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Expression STUDENT WAIVER

By signing this agreement, you agree to the permissions listed below.

I \_\_\_\_\_, consent to:

1. Come to The Bridge every Friday when expression is scheduled, unless excused by a parent or guardian. The Bridge staff ideally will be notified 1 week prior to the program.
2. Provide permission to communicate with staff regarding project purposes, fill out surveys, and allow survey information to go into our database.
3. Losing my place in the program after missing 3 program days without notice of absence 1 week prior to program time.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_



## THE BRIDGE YOUTH CENTER MISSION

To provide a place where all students are safe, loved, and valued, surrounded by caring community members who introduce them to Christ's love in all that they do.\

### Expression PURPOSE

We are partnering with local artists to help our kids learn how to express their emotions, thoughts, and opinions through healthy and beautiful means. We are excited by the chance to create artwork that will fill The Bridge as well as our Zeeland community. In this program kids will be taught new techniques through experimenting with various mediums.

### WHAT HAPPENS HERE

Kids will come to The Bridge after school, enjoy some snacks, and then head to the art studio. An art instructor will come in each program day to guide them in learning how to express themselves and teach them new art techniques; they will create new art projects each month or continue with previously started ones.

### PERKS OF Expression

- Learning new techniques, and experimenting with different mediums
- Expressing feelings, thoughts and opinions with fellow students and the greater Zeeland Community
- Having consistent, positive relationships with caring adults

### CONTACT US

- 616-772-3843
- 210 E. Main Ave Zeeland, Michigan 49464
- [info@bymczeeland.org](mailto:info@bymczeeland.org)





# Expression

- October 13th
- October 20th
- November 17th
- December 15th



SCHEDULE  
FALL 2023

# CONTACT SHEET



youth center

\* Only fill out if you have not signed up for Summer '23/School Year '23/'24

STUDENT

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Student Email: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ 2023/2024 Grade: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

Do You Attend a Church: Y or N (Circle)

If Yes, Which Church? \_\_\_\_\_

GUARDIANS

Parent/Guardian 1 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Home/Cell/Work (Circle)

Email: \_\_\_\_\_

Address: (if different than student) \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Home/Cell/Work (Circle)

Email: \_\_\_\_\_

Address: (if different than student) \_\_\_\_\_

EMERGENCY

Emergency Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Home/Cell/Work (Circle)

\*Please sign waiver on reverse side\*

# WAIVERS & POLICIES



## EMERGENCY POLICIES

**Severe Weather:** If a severe weather watch or warning is issued 1 hour prior to a scheduled event, that event will be cancelled. If issued during programming, the event will continue as scheduled, though parents may pick their children up. In the event of a tornado warning, anyone in the building will take shelter in an interior room and may not leave until the warning has expired.

**Closings:** If school or after-school events are cancelled, The Bridge will also be closed.

**Fire:** In the event of a fire, all program participants will be escorted to the lawn on the northwest corner of the building.

**CPR/First Aid:** There are certified CPR and First Aid staff members and an AED in the building in case of a medical emergency.

**Violent Intruders:** In the event of an intruder intending harm, staff will alert all program participants to flee the building out the nearest & safest exit.

## WAIVERS & AGREEMENTS

**Health/Wellness:** To the best of my ability I will follow all health & wellness orders and guidelines laid out by local, state, and federal authorities. I will monitor the health of my child regularly and communicate with The Bridge about any symptoms as soon as possible to ensure my child is staying healthy enough to participate in programs.

**Medical Treatment:** In case of an emergency, I provide permission for The Bridge to have my child treated by a physician and/or hospital.  Opt Out

**Media:** I grant my permission for the rights to use and record my child's image and/or voice on film, photograph, print, and other media to be used on social media, website, and any other form of print.  Opt Out

**Communications:** I provide permission for my child to receive texts from The Bridge.  Opt Out

**Transportation:** I provide permission for a representative of The Bridge to transport my child for program and/or emergency purposes.  Opt Out

## SIGNATURE

By signing below, I agree to the above policies and permissions.

Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_