



expression

PROGRAM YEAR: 2019-2020



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

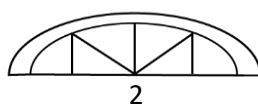
We are partnering with the Holland Area Arts Council to help our kids learn how to express their emotions, thoughts, and opinions through healthy and beautiful means. We are excited by the chance to create artwork that will fill The Bridge as well as our Zeeland community. In this program kids will be 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 on 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

SCHEDULE – Fridays from 2:30-5:00

October 18 th	January 24 th	March 20 th
October 25 th	January 31 st	March 27 th
November 15 th	February 21 st	April 17 th
December 13 th	February 28 th	April 24 th

PARENTAL WAIVER

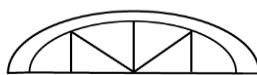
By signing this agreement, you agree to the permissions listed below.

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 and be shared with AmeriCorps reporting services.
3. Allow your child to communicate with staff and volunteers outside of program time, including at school.
4. Provide permission to transport students for program purposes.
5. 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.

I am unable to provide consent to use my child's image or likeness for media purposes.

Parent/guardian signature: _____ Date: _____



STUDENT WAIVER

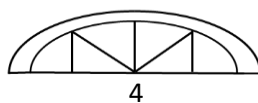
By signing this agreement, you agree to the permissions listed below.

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 and be shared with AmeriCorps reporting services.
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: _____

*Please fill out this contact information, if you or your child have not done so this 2019-2020 school year.



CONTACT INFORMATION

STUDENT

Student Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Student Phone: _____ Circle: Home/Cell

Student Email: _____

School _____ Grade: _____ Birthdate: _____

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

If Yes, Which Church? _____

GUARDIAN

Parent/Guardian 1: _____

Parent/Guardian Phone: _____ Circle: Home/Cell/Work

Parent/Guardian Email: _____

Parent/Guardian 2: _____

Parent/Guardian Phone: _____ Circle: Home/Cell/Work

Parent/Guardian Email: _____

EMERGENCY

Emergency Phone: _____

Name: _____

Relationship: _____

