



Red Feather Lakes Library

Glacier View Art Class

Art class for kids K and up

3:15 -4:30pm every Wednesday

Glacier View at Gate 8
Mountain Meeting Place

Fill out transportation forms and RFL school bus will drop kids off at Mtn Meeting Place for class. You will be responsible for picking up kids at 4:30pm.

Fill out forms provided.

Return forms to Darlene at the library. Or email Darlene to have forms emailed to you.

For questions call Darlene at 970-881-2664

GV Art Class

Red Feather Lakes Library

- GV Art Class will focus on art, creative expression, and different mediums.
- The program is only on Wednesdays located at the Glacier View Mountain Meeting Place at Gate 8 (across from fire station).
- To have the school bus drop your kid off at Gate 8, you must fill out a transportation pass and drop off to Rachele. It takes about 2 weeks to process.
- This information will **not** be in your kid's Thursday folder.
- We have high behavioral expectations and will focus on art. Please let your child know they need to be prepared, have fun, and give their best to complete their work well!
- Staff members and volunteer(s) will be present each day
- The RFL Library partnered with the Matthews House (non-profit in Fort Collins www.themattewshouse.org) to help us be awarded a Bohemian grant. RFL Library and TMH will both need release waivers filled out and signed.

Wednesday Schedule (times are approximate and adjusted as needed)

3:15-3:30 Physical activity to get students ready to focus

3:30-3:45 Snack (provided by RFL Library and grant through Bohemian Foundation)

3:45-4:15 Fun with different art projects, mediums, and whatever fun we can come up with.

4:15– 4:30 Cleanup, Closing, Physical activity.

If your child has any food allergies please let us know on the release waiver.

GV Art Class

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Contract Form

Student contract:

I agree to do my best, come prepared with a positive and hardworking attitude, and to have fun each day I come to GV Art Class.

Student Signature: _____

Parent Contract:

I agree to be on time or give appropriate notice for picking up my kids from GV Mountain Meeting Place. Darlene Kilpatrick 970-881-2664 or 435-770-5850. * Cell phone availability is dependent on GV creating a microcell for cell service at the facility.

Parent Signature: _____

***This contract cannot go through the school and can be given or sent to Darlene Kilpatrick.**



Transportation Services
 2445 LaPorte Avenue
 Fort Collins, CO 80521
 970-490-3232
 970-490-3522 Fax

2018 – 2019 School Year

Alternative Transportation Application

For students attending neighborhood schools

Transportation Services may offer alternative transportation services to students who have special situations including daycare, split families, and transportation to/from locations other than home. *Please read the information below, carefully.*

Application Process and Timeline

- All requests are processed first-come, first-served and are based on the space available on existing routes. (Note: Students will only be assigned to existing bus stops and routes; buses will not be rerouted to accommodate requests.)
- Transportation Services will accept applications beginning June 1, 2018, for the 2018–2019 school year.
- Submit a separate application for each student. Remember to sign and date the application as unsigned applications cannot be accepted. Return completed application to:

Transportation Services
 Poudre School District
 2445 LaPorte Avenue, Building L
 Fort Collins, CO 80521
 -or-
 email: busrequest@psdschools.org
- Transportation Services will review applications beginning August 1, 2018, in the order they are received. Once the application has been reviewed, the parent will be contacted at the phone number provided below. Staff members appreciate your patience as there are many applications to process, and they process them as quickly as possible.
- State law does not allow students to ride a bus until their application is approved and the student is assigned to a specific bus route.
- Transportation Services cannot assign students to a bus that would exceed bus capacity. Poudre School District bases bus capacity on age group and size of bus.
- The *Alternative Transportation Application* is good for one school year. Parents must submit a new application each year.

Bus Stop/Route Request

Indicate days of the week and location(s) for which you are requesting bus service. (Note: Students will only be assigned to existing bus stops and routes; buses will not be re-routed to accommodate requests.) * indicates required field

Location 1:* _____
 (Home, daycare, 2nd parent, etc.)

Address:* _____

City, State, Zip:* _____

- Days: Monday–Friday: am pm
 Monday: am pm
 Tuesday: am pm
 Wednesday: am pm
 Thursday: am pm
 Friday: am pm

Location 2: _____
 (Home, daycare, 2nd parent, etc.)

Address: _____

City, State, Zip: _____

- Days: Monday–Friday: am pm
 Monday: am pm
 Tuesday: am pm
 Wednesday: am pm
 Thursday: am pm
 Friday: am pm

Student Information

Complete the information below. Be sure to read carefully before signing.

Student name:* _____ Student ID#:* _____ School:* _____ Grade:* _____

Home address:* _____ City:* _____ State:* _____ Zip:* _____

I, _____^{Parent/guardian} understand that it is my responsibility to transport _____^{Student} to and

from school until Transportation Services notifies me that my student has been approved for transportation. I also understand that this application is good for one school year only. I am required to submit an application for each school year that I am requesting alternative transportation for my student. In addition, I understand that if the student load exceeds the determined bus capacity, students receiving alternative transportation services will be removed from the bus route to make space for students who are eligible for transportation to their home address. If it does become necessary to remove the student based on bus capacity, Poudre School District will notify me, the parent/guardian, at least three days before the student is removed from the bus route. The best phone number to reach me is _____^{Phone} *.

 Please type Parent/Guardian first and last name Date

* By checking this box, I understand that the above text constitutes my signature.

Video/audio cameras on buses are used to help ensure student safety!

Red Feather Lakes Library Program Registration and Permission Form for RFL library, Out-of-Library programs including Glacier View Mountain Area, the Lions park and RFL POA.

INCONSIDERATION OF being permitted to participate in the Activity, the undersigned, on behalf of myself and my heirs, executors, administrators and assigns, hereby:

1. Release and forever discharge the Sponsor and its officers, directors, volunteers, shareholders, agents, representatives, successors and assigns (collectively the "Releasees") of and from all claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to myself or property howsoever caused, arising or to arise by reason of or during my participation and/or involvement in the Activity, and notwithstanding that any Claim may have been contributed to or occasioned by the negligence of any of the Releasees.
2. Indemnify and save harmless the Releases from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation in the Activity.
3. Understands and acknowledges that the Sponsor does not carry or maintain health, medical or disability insurance coverage for the undersigned and therefore agrees to assume responsibility for such insurance coverage on the undersigned.
4. Agrees that in the event that any provision of this Release and Indemnity is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this Release and Indemnity which shall continue to be enforceable.

STUDENT NAME:

GRADE (entering this fall):

PROGRAM TITLES: GV Art Class and Ready Set Go! From October 1, 2018 to May 25, 2019 (circle programs attending)

PARENT /GUARDIAN NAME(S):

PERSON TO BE CONTACTED IN CASE OF EMERGENCY: NAME:

RELATIONSHIP TO STUDENT:

PHONE NUMBER:

Email:

Does your child need to bring medication to Library program? If so, please list the name of medication and what it is used for (include name, dose, when child needs to take medication, doctor's name and phone number):

Does your child have any allergies (pollen, bees, insect repellent, sun screen, etc.)?

Does your child have any food allergies (peanuts, dairy products, etc.)?

RFL Library programs and activities may be photographed by a representative of library or the media. Please check below if you DO NOT want your child to be photographed.

Please do not include my child in any photograph intended for use by the news media and/or Red Feather Lakes Library.

By signing below, I give permission for my child to attend the above mentioned program/class.

Parent or Guardian Signature

Date

Please fill out one registration/permission form per child. Call 970- 881-2664 for additional information.

Release of Liability

The undersigned acknowledges that during the participation of the activities and programs of The Matthews House and the Matthews House Community Life Center, certain risks and dangers may occur. The undersigned recognizes that these risks may include, but are not limited to, loss or damage to personal property, physical or psychological damages and/or injury, not excluding fatality, due to accidents which may occur.

In consideration, and as part of the right to participate in Matthews House and Matthews House Community Life Center activities, I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the activities which are not specifically foreseeable, and will hold the parties named above harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, which have or may arise in connection with the participant's participation in any Matthews House activities. In short, the participants and the undersigned cannot sue Live the Victory, Inc., the Matthews House, or their officers, board members, employees, agents, successors, and assigns, and no money can be collected from any of these parties.

If I participate in, support, or in any way cause any action to be taken against Live the Victory, Inc., the Matthews House, or their officers, board members, employees, agents, successors, or assigns in violation of this Release of Liability, I will be liable to such entity or person for all attorneys' fees, costs, and expenses related to defending against my action or in seeking to have my action dismissed.

Name of Participants (please print)

_____	_____
_____	_____
_____	_____
_____	_____

Printed Name of Guardian: _____

Signature: _____ Date: _____
(Parent/Guardian or Participant, if 18 years and older)

Address: _____ Phone Number: _____

Emergency Contact:

Name: _____ Phone Number: _____