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Please download the application, complete and sign the form, and return it by snail mail to: Cape Cod Museum of Art, Attn: Creative Outlets, P.O. Box 2034, Dennis, MA 02638. In the alternative, you can scan the completed document and email it to tstgerma.bud@gmail.com. Upon review, teen and parent or guardian will be scheduled for an interview at the Cape Cod Museum of Art. Applicants will be notified of their enrollment status shortly after the interview. Interviews will be held in March.

APPLICATION FORM 2020

TODAY'S DATE _____

Part One to be completed by the teen applicant.

First Name _____ Last Name _____

Age _____ Date of Birth _____

School _____ Grade _____

Cell# _____ Email: _____

How Did You Hear About Creative Outlets? _____

What are your favorite activities? _____

Do you have any background in music, art, drama, dance or writing? Any crafts or other hobbies? Tell us.

What would you like Creative Outlets to know about you? _____

Please list any food allergies _____

Environmental allergies or sensitivities _____

List any medications you take _____

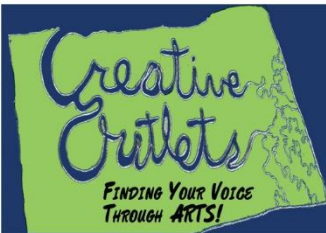
Other Health issues _____

I am interested in attending one or more of the following sessions offered on Sundays from 12—4 pm.

_____ Session One: April 19 - May 31 (Open House May 31)

_____ Session Two: June 7 - July 19 (Open House July 19)

_____ Session Three July 26 - September 6 (Graduation September 6)



CREATIVE OUTLETS

Part Two to be completed by Parent or Guardian

Name _____

Address _____

Cell # _____ Home # _____

Email _____

Please list an emergency contact in case Parent or guardian is not able to be reached.

Name _____ Relationship _____

Cell # _____ Home # _____ Email _____

Please list the adults, other than parents/guardians with whom you teen is allowed to leave the program.

Name _____ Relationship _____

Cell # _____ Home # _____ Email _____

From time to time CCMoA will share information and seek out support from other caring professionals who are participating with this program to better serve the teens. Granting permission to discuss behavioral approaches and issues with school or mental/health providers is optional, not mandatory, to participate in the Creative Outlets program.

___ YES___ NO. I grant permission for CCMoA to discuss and share information regarding my child with relevant therapists. If yes, please provide the names of school guidance counselors, medical professionals, or teachers where appropriate:

I understand that I may withdraw the above authorization at any time by giving written notice to CCMoA.

Signatures will complete the application when you come to the museum for your interview.

Teen's Signature: _____ Date: _____

Parents(s)/Guardian(s) Signature: _____ Date: _____

CCMoA Representative Signature: _____ Date: _____

Questions?

Please feel free to contact our Coordinator Tonia St.Germain, tstgerma.bud@gmail.com