

# Side-by-Side Art Program

Open to students with disabilities currently enrolled in *Oldham County Schools*  
**Grades 8th - 12th**

**July 25th - 29th**

**Monday - Friday 4 - 5:30pm**

The Side-by-Side Art Program is designed to offer a creative outlet for students with disabilities, reinforce inclusiveness and positive self-image, and highlight the importance of arts education in the development of our students.

**Instructor:** Leah Bradley

- **FREE** to qualified participants. Call 502-241-6018 to register.
- Classes are held at the Arts Center
- Class size limited to 15 students
- Each class will offer more than one medium and students may try them all or take their time focusing on one project
- A parent or caregiver of the student may attend the class (this would be necessary if the student needs individual assistance to complete projects)
- A variety of local artists will serve as mentors/teachers
- **Side-by-Side Art Show and Reception, Friday, August 12th, 6pm**



**Oldham County Schools Arts Center**  
7105 Floydsburg Rd., Crestwood, 502-241-6018  
[www.ocsartscenter.org](http://www.ocsartscenter.org)

# Side-by-Side Art Program Registration Form

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

Age: \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Medical History**

Please list any medical conditions we need to be aware of including but not limited to: (Seizures, Diabetes, food, insect, latex or drug Allergy, Asthma, etc)

\_\_\_\_\_

If so, will you be providing emergency medication such as an Inhaler, Epi-pen, Glucagon, Diastat, other?

\_\_\_\_\_

## **Special Needs or Considerations**

Does your child have any special needs, physical limitations? \_\_\_\_\_

If yes, Please describe any assistance or accommodations required:

\_\_\_\_\_

\_\_\_\_\_

Please list any routines or special considerations we need to know about your child:

\_\_\_\_\_

Will a parent or caregiver be staying to assist? \_\_\_\_\_ If yes, who will assist and include contact information if different from above:

Name: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

## **PLEASE ATTACH WRITTEN INSTRUCTIONS AND PROCEDURES REGARDING ANY ISSUE LISTED ABOVE.**

**Waiver/Liability Form** The above enrolled student has my permission to participate in classes and/or lessons at Oldham County Schools Arts Center (OCSAC). I understand that participation in this program is at my/his/her own risk and that OCSAC will not be liable for any injury sustained or be responsible for any medical expenses incurred as a result of my/my child's participation in this class. I understand and accept the policies for OCSAC as stated in this booklet and on our website and accept responsibility for charges and fees incurred. I will allow the OCSAC to use photographs; artwork and recordings made at OCSAC or at OCSAC functions, involving the student hereby enrolled.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail Form to: 7105 Floydsburg Rd., Crestwood, KY 40014**

**Fax to: 502-241-4068**

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