

Dear Parent,

Welcome to the 2025 Summer Art Studio Program at Silvermine Art Center! We're thrilled to have your child join us. Please review and complete the following required documents at least two weeks before the program start date:

- **Student Contact Information Form** - Required for each child attending, including siblings.
- **Parent Input Form: Supporting your Child's Learning Needs** - Strongly suggested for all children attending and *required for any children with an in-school IEP*
- **Medical Authorization Form** - Required for children with life-threatening allergies or health conditions, signed by both a doctor and a parent.

Submit all completed forms via email to **schoolregistrar@silvermineart.org**. Students cannot participate in Summer Art Studios without these completed forms.

[CLICK HERE to review the Summer Art Studio Policies](#) and informational material included in this packet. For questions, contact us at **(203)-966-9700 ext. 2** or **schoolregistrar@silvermineart.org**.

Thank you for choosing Silvermine for your child's summer experience!

Sincerely,

The Staff at Silvermine School of Art

Ali Munro

School Registrar
Silvermine School of Art
1037 Silvermine Road
New Canaan, CT 06840
203.966.9700 x110



Student Contact Information Form

Name: _____

(Last)

(First)

(Middle)

Parent/Guardian: _____

Cell Phone: _____ Work Phone: _____

Emergency contact (Other than parent)

Full Name: _____ Relation: _____

Cell Phone: _____

PICK-UP/DROP-OFF AUTHORIZATION:

The following people are permitted to drop off or pick up my child:

Full Name: _____ Relation to child: _____ Cell Phone: _____	Full Name: _____ Relation to child: _____ Cell Phone: _____
Full Name: _____ Relation to child: _____ Cell Phone: _____	Full Name: _____ Relation to child: _____ Cell Phone: _____

Parent Signature: _____

Date: _____



Parent Input Form: Supporting Your Child's Learning Needs

We are committed to creating an inclusive and supportive environment where every child can thrive. To help us provide the best possible experience for your child, we invite you to share information about their unique learning needs, strengths, and strategies that work best for them. This information will be kept confidential and used solely to ensure your child receives the support they deserve in our studios.

1. Are there any challenges your child experiences in a classroom or group setting that we should be aware of?

For example, do they find transitions difficult, need additional time to process instructions, or benefit from sensory breaks? Please elaborate:

2. What are the best ways to redirect or re-engage your child if they become distracted, frustrated, or overwhelmed?

Please include specific techniques, phrases, or activities that you find helpful:

3. Does your child currently have an Individualized Education Program (IEP), 504 Plan, or receive special services (e.g., speech therapy, occupational therapy, or other supports)?

Yes

No

If yes, please describe the services, goals, or accommodations included in their plan. Feel free to share specific examples or strategies that have been effective in other settings:

Thank you for taking the time to share this valuable information with us. Your input plays a crucial role in helping us understand and support your child's unique needs. If you have any additional insights or questions, please feel free to reach out directly to our Art Education Manager, Kelly Michelman at (203) 966-9700 x112.



MEDICATION AUTHORIZATION FORM

This form applies only to any youth student bringing any medications to Silvermine.

Please list names, prescription purpose, dosage of any medication that the child takes during camp and any other information that the school should know

The Silvermine School of Art's Requirements for noted medications are as follows:

Epi-Pens

- Need two epi-pens
- Epi-pens need to be in original box with prescription information from pharmacy
- **NOT EXPIRED**
- Proper documentation and authorization form from physician
- Please put epi-pens in a plastic Ziploc bag with your child's name written on bag

Benadryl or other Oral Medications

- In original box
- Must include cup or spoon that indicates measured amount.
- Please write line on measurements with permanent marker that indicates amount doctor prescribed
- Proper documentation and authorization form from physician

Other Medications (including inhalers)

- Medication in original container
- Labeled with child's name
- Proper documentation and authorization form from physician
- Please put above in a plastic Ziploc bag with your child's name written on bag

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student _____ Date of Birth ___ / ___ / ___ Today's Date ___ / ___ / ___

Address of Child/Student _____ Town _____

Medication Name/Generic Name of Drug _____ Controlled Drug? YES NO

Condition for which drug is being administered: _____

Specific Instructions for Medication Administration _____

Dosage _____ Method/Route _____

Time of Administration _____ If PRN, frequency _____

Medication shall be administered: Start Date: ___ / ___ / ___ End Date: ___ / ___ / ___

Relevant Side Effects of Medication _____ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs _____

Plan of Management for Side Effects _____

Prescriber's Name/Title _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____ Date ___ / ___ / ___

School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- I have administered at least one dose of the medication to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature _____ Relationship _____ Date ___ / ___ / ___

Parent /Guardian's Address _____ Town _____ State _____

E-mail: _____ Cell Phone # (____) _____ - _____ Other Phone # (____) _____ - _____

SELF ADMINISTRATION AND /OR POSSESSION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber (when applicable) and school nurse (when applicable) and must be authorized by parent/guardian in accordance with board policy. In a school: 1. inhalers for asthma and cartridge injectors for life-threatening allergies require authorization by the prescriber and parent/guardian only; 2. students may possess, self-administer or possess and self-administer medications for medically-diagnosed life-threatening allergies; and 3. students who are six years of age or older may possess and self-apply an over-the-counter sunscreen product with only the parent/guardian written authorization.

- 1. Student to self-administer medication specified on this form: _____ YES _____ NO
- 2. Student to possess medication specified on this form: _____ YES _____ NO

Prescriber's Authorization and Signature: _____ Date: _____

Parent/Guardian Authorization and Signature: _____ Date: _____

School nurse (RN) Approval of self-administration (if applicable): _____ Date: _____

Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Position/ _____ Date: _____

Information for Parents

What to Expect During Summer Art Studios

We want all students to have a fun and enjoyable time while at Silvermine School. Please review the information below and come prepared for many days of fun and art!

Withdrawals and Reimbursements:

- [CLICK HERE to review our Summer Art Studios Policies](#) page for information on withdrawals, cancellations, etc.

Dress:

- Art can be messy! Students should wear clothes that can be stained and/or pack a smock.
- No open-toed shoes allowed in art studios.
- Glass Working, Ceramics Wheel and Jewelry programs require that long hair be tied back.
- Students will spend time outdoors, please be sure to apply/pack sunscreen and bug spray as needed prior to drop-off.

Snacks and Lunch Bunch:

- Lunch Bunch is available free of charge to campers participating in a full day of camp **only**. Enrollment in this program is not automatic, parents must call the school office to enroll. 203-966-9700 ext. 2.
- The Silvermine School of Art is a **peanut & tree nut free campus. Please pack your children a nut-free snack or lunch.**
- Lunch/snacks should be packed in a cooler pack. Refrigerators and microwaves are **not** available for use.
- All students should bring a water bottle to camp every day.
- Snacks are eaten outside when possible.

Drop-Off:

- The first day of your child's camp, you will **check in at the designated tent** at the front of the school to confirm that you have emailed your paperwork to the School Office.
 - If you have not emailed camp forms, you must fill out the paperwork with our Camp Assistant Liaison. Once your paperwork has been accepted you can escort your child to their studio.
- For the safety of students ages 16 or younger, **parents are required to drop off students in the studio location.** Youth students may **not** be dropped off in the parking lot.
- Youth students driving themselves to and from camps must have all camp forms pre-approved before Monday check-in and must have a waiver signed and approved by the School Office. For more information on self drop-off, please contact the School Office at 203-966-9700 ext. 2.
- Doors are open 15 minutes prior to the start time of their session. Please be on time.
- For the safety of campers, cars are **not** allowed on the service road to the back campus.

Pick-up:

- For the safety of students ages 16 or younger, **parents are required to pick up students in the studio location.** Youth students will **not** be released to the parking lot.
- Youth students driving and checking themselves out must have a waiver signed and approved by the School Office. For more information on self check-out, please contact the School Office.
- For the safety of your child, only adults listed on the Student Contact Form will be authorized to pick-up your child. If you need to make additions to the pick-up or drop-off list, please contact the School Office, 203-966-9700 ext.2 or email schoolregistrar@silvermineart.org

Photos:

- Silvermine reserves the right to take and use images of all campers for any future advertising campaigns, course brochure, advertisements, and other publicity materials for the benefit of the School.
- If you prefer that Silvermine Arts Center not photograph your child for publicity purposes, please notify the School Office.

Allergies and Medication:

- The allergy section of the **Medical Authorization Form** must be signed by a doctor and a parent in order for your child's allergy medication(s) to be kept at or accessed at Silvermine School of Art.
- Please see Medication Authorization Form for Allergies for specific details on requirements for medication.

If you have any concerns regarding your child's experience, any helpful information to relay regarding your child, or your child will be absent, please contact the School Office, 203-966-9700, ext. 2 or email schoolregistrar@silvermineart.org.