# Creative Heartwork, Inc. Mending Arts<sup>SM</sup> Program – Morris County Participant Application 2013-2014

Referring School or Agency
Contact Name of therapist or counselor:
Phone #Email #

Please return these forms and a check for \$25, per each 10 to 12 week series payable to Creative Heartwork, Inc. Please Note: Creative Heartwork reserves the right to discharge a child from participation in Mending Arts<sup>sm</sup> at its discretion.

Check #	Child's Name:			
Child: M F (circle one) DOB:		Name		
Address				
Mailing Address (if different	from above)			
Home	Parent/Guardian's		's Cell #	
Phone	Work Phone:			
<del>-</del>	<del></del>	Email Address: _		
Please indicate which series (	limited to two series in one	year) you wish to enro	ll your child in :	
Is your child under medical 1			o (If yes, please explain):	_
Is your child taking any kind	l of medication?Y	esN	o (If yes, please explain):	
Are there any medical proble	ems that we should be award			
	ergies to foods, medications			
Do you give permission to Ci If yes, please circle which on			or Tylenol to your child?	_
Family Doctor's Name	_			
Address:				
Phone:				
Preferred Hospital in case of				

oes your child have any special limitations or special needs (such as difficulty focusing, academic challenges of hysical disabilities)? If yes, please write below:				
oes your child have any dietary restrictions? If yes, please write below:  Mending Arts <sup>SM</sup> Program Signatures				
my referral source, all other third par all of the officers, directors, agents, en each of the foregoing from any and al	rmless Creative Heartwork, Inc. and artist/art therapists, rties that contribute to the Mending Arts <sup>SM</sup> Program, and imployees, administrators, volunteers, and shareholders of I claims, demands and costs arising from or related to the lipant, including travel to and from activities.			
Parent/Guardian Signature	Data			
	Datc			
	, the parent/guardian of the			
In the case of an emergency, I,				
In the case of an emergency, I,	, the parent/guardian of the, hereby give my consent to the Program staff of ital treatment for the minor. If I cannot be reached when an			
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Transportation:				
Yes, I want to utilize one way contracted transportation to the program for my child.  The address for pick-up is (no changes permitted) Pick-up:				
No, I will not utilize contracted transport, I will provide own transport.				
The following person(s) have my permission to pick up and/or drop off (please indicate which, or both) my child In the event that the person(s) indicated above are unable to provide transportation, I understand that I must write a letter changing the name of the person on that day.				
(Signature of parent/guardian)				
Kindly notify Karen at (973) 889-0809 and the transporter (if applicable) two hours in advance if your child is not attending. The transporter will wait up to five minutes for pick up.				

# A. Release (Optional)

I understand that Creative Heartwork, Inc. wishes to obtain the right to use my child's first name, picture, photograph, voice, and/or likeness (collectively, the "Material") for use in, among other things, displays, publications, presentations, audiotapes, videotapes, CDs or DVDs, and promotional materials regarding Creative Heartwork, Inc., including use on any web sites owned or operated by Creative Heartwork, Inc. Since I am willing to allow Creative Heartwork, Inc. to use the Material, I hereby agree as follows:

I hereby irrevocably grant Creative Heartwork, Inc. and its subsidiaries, affiliates, agents, licensees, their successors and assigns, and those acting with its authority (collectively referred to as "Creative Heartwork, Inc."), the unrestricted, absolute, perpetual, worldwide right to:

- (a) Reproduce, copy, edit, add to, subtract from, modify or otherwise create derivatives of, or otherwise use the Material, either alone or in combination with or as a composite with other materials, including, but not limited to, text, data, images, photographs, illustrations, animation and graphics, video or audio segments of any nature, in any media or embodiment, now known or hereafter to become known, including, but not limited to, all formats of computer readable electronic magnetic, digital laser or optical-based media (the "Works"), and
- (b) Use and permit to be used the Material, whether in original or modified form, in connection with the Works as Creative Heartwork, Inc. may choose, and

known or hereafter to become known.	distribute, transmit or broadcast the Works by any means now
No Dissemination of Work If It Identifies Child	
	I not publicly display, distribute, broadcast, or publish any y child (either by name or by appearance), unless I give my
(Signature of Parent/Guardian)	Date:

# B. Ownership of Communal Works and Nonexclusive License to Individual Works - Mandatory

### Communal Works

I understand that the communal literary, art, dance, drama and musical works contributed to by my child as a participant in programs of Creative Heartwork, Inc., (the "Communal Works") are the property of Creative Heartwork, Inc. and Creative Heartwork, Inc., shall be deemed to be the sole and exclusive owner of all right, title and interest therein, including all copyrights. As owner, Creative Heartwork, Inc. enjoys all the rights and privileges of copyright ownership and can, among other things:

- (a) Reproduce, copy, edit, add to, subtract from, modify or otherwise create derivatives of, or otherwise use the Communal Works;
- (b) Use and permit to be used the Communal Works, whether in original or modified form, in connection with, among other things, displays, publications, presentations, audiotapes, videotapes, CDs or DVDs, and promotional materials; and
- (c) Display, perform, exhibit, distribute, transmit or broadcast the Communal Works by any means now known or hereafter to become known.

### Nonexclusive License to Individual Works

I hereby irrevocably grant Creative Heartwork, Inc. and its subsidiaries, affiliates, agents, licensees, their successors and assigns, and those acting with its authority (collectively referred to as "Creative Heartwork, Inc."), the perpetual, worldwide, nonexclusive license to:

- (a) Reproduce, copy, edit, add to, subtract from, modify or otherwise create derivatives of, or otherwise use the works created by my child ("the Individual Works");
- (b) Use and permit to be used the Individual Works, whether in original or modified form, in connection with, among other things, displays, publications, presentations, audiotapes, videotapes, CDs or DVDs, and promotional materials; and
- (c) Display, perform, exhibit, distribute, transmit or broadcast the Individual Works by any means now known or hereafter to become known.

No Dissemination of Work If It Identifies Child	
	not publicly display, distribute, broadcast, or publish any name or by appearance), unless I give my express, written
(Signature of Parent/Guardian) (Mandatory)	Date:
	Inc.'s therapists to exchange information with sending email regarding my child's history and participation in
the program. Specify contact's name and phone:	
I hereby release Creative Heartwork, Inc. and its all liability that may arise as a result of this reques	offers, employees, agents, and affiliates from any and st.
(Signature of Doront/Cyandian)	(Signature of skild if even 14 years ald)
(Signature of Parent/Guardian)	(Signature of child if over 14 years old)

If you have questions, contact Karen at:

Telephone: 973-889-0809 Karen@creativeheartwork.org

Please mail back application to Karen's home address:
Karen D. Carbonello
5 Drake Court
Boonton Township, NJ 07005

Thank you so much. We look forward to enrolling your child!

304-2007B Rev. 6/19/13