

STUDENT ENROLLMENT APPLICATION

STUDENT

First Name: _____ Last Name: _____
Date of Birth: _____
Gender: Female Male Other (please specify) _____ Decline to State
Street Address: _____
City: _____ State: _____ Zip code: _____
Mobile Phone: _____ Email: _____

PARENT/GUARDIAN

First Name: _____ Last Name: _____
Relationship: _____
Street Address (If different from above): _____
City: _____ State: _____ Zip code: _____
Home phone: _____ Mobile phone: _____
Email: _____

EMERGENCY CONTACT

Name of Primary Contact: _____
Relationship: _____ Phone: _____
Name of Secondary Contact: _____
Relationship: _____ Phone: _____

MEDICAL CARE

Does the student have any know allergies? Please list all allergies: _____

Name of Primary Care Physician: _____
Phone: _____ Hospital Preference: _____

STUDENT EDUCATION

Current Grade: _____ School Name: _____
What language is spoken at home? _____
Does your student qualify for free or reduced lunch? Yes No

ETHNICITY

Please check all that apply to the student's ethnicity:

African American Alaska Native Native American Caucasian/White Hispanic/Latino Asian
 American Pacific Islander Decline to State Other (please specify) _____

REFERRED BY (If referred to ARTS, please provide the person's name, title, and/or name of organization)

Participation, Release and Consent

Please initial all sections with an underscore and mark YES or NO for which you give permission.

Authorization for Release of Youth YES ___ NO ___

ARTS requires all children to be picked up by a parent, guardian or other authorized person. This is done for the protection of your child. However, if you want your child to leave on his/her own, you may request an exception to this policy. *

Photo Release of Youth YES ___ NO ___ Student Permission for Photo Release YES ___ NO ___

I consent to the unrestricted use by ARTS, or any person authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recordings of my child. I understand that my child's image may be edited, copied, exhibited, published or distributed by ARTS, and I waive the right to inspect or approve the finished product. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child's image or recording. I also understand that this material may be electronically displayed via the internet or in a public educational setting. There is no time limit on the validity of this release nor is there any geographic limitation of where these materials may be distributed.

Permission to Participate * _____

I, the undersigned, consent for my child to participate in the ARTS Program. I agree to hold harmless A Reason to Survive (ARTS) against any liability, loss, or expense incurred or suffered in consequence of any action, suit, or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, development, conduct, and execution of the ARTS Programs.

Psychosocial Support * _____

I understand that licensed clinicians and interns who are pursuing therapist licensing standards, under the supervision of licensed clinicians, may provide psychosocial support to youth who are in crisis or distress at ARTS. If issues of concern arise, families may be referred to outside resources to best meet any emerging needs.

Behavior Policy * _____

We ask that every student treats each other with respect including Teaching Artists, volunteers, and staff. Some example of inappropriate behavior include, but are not limited to, inappropriate physical contact with others, inappropriate language, and verbal/physical threats of any kind. ARTS has zero tolerance to bullying.

Release of Information/Records * Yes ___ No ___

I, the undersigned, consent ARTS to have my child complete a confidential survey about his or her attitudes, learnings and opinions as part of a program evaluation. I understand the information obtained will be statistically analyzed and that my child's last name will be withheld for confidentiality purposes. I understand that this information, in addition to the survey, will be part of a larger program evaluation, and only the evaluation team and ARTS program staff will have access to this confidential information.

Medical Consent * Yes ___ No ___

I understand that there are some risks inherent in the activities that are included in the ARTS Program, but willingly assume these risks in order to allow my child to participate. If I cannot be reached in the event of an emergency, I give permission for any care or treatment by a physician, surgeon, hospital, nurse, and doctor's assistant or medical care facility that may be required.

Transportation * Yes ___ No ___

I fully understand that the ARTS Program staff may transport my child in an ARTS vehicle to and from various activities and hereby release and hold harmless ARTS against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, development, conduct, and execution of ARTS Programs.

Artwork * Yes ___ No ___ Student Permission for Artwork Yes ___ No ___

I fully understand that my child's artwork may be displayed at A Reason to Survive (ARTS) and in the community. I understand that ARTS will only use my child's first name. Any student artwork not taken after the quarter ends will become property of ARTS unless otherwise stated in writing by the student. Art work donated to ARTS by students can be used for marketing, promotions, and fundraising purposes.

Parent/Guardian Signature

Date