

TBEY Arts Center, Inc.

AFTER-SCHOOL ARTS PROGRAM (ASAP) – MEMBERSHIP APPLICATION

Membership #

Program Enrollment Date

Renewal Date

Personal Information

To Be Completed by the Parent/Guardian

Youth's (First Name): _____ (M.I.) _____ (Last) _____

Parent/Guardian (First Name): _____ (Last) _____

Email: _____

Relationship to Youth: Mother _____ Father _____ Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Date of Birth ____/____/____ Age: _____ Gender: Male _____ Female _____

Ethnicity: White: _____ Hispanic: _____ African American: _____ Asian: _____ Other: _____

Name of School: _____ Grade: _____

Preferred Method(s) of communication:

Phone (Cell, Home Work) Text Messages Mail Email Phone

Arts Education Program Registration

Please select the core arts education program you would like to enroll into and current semester:

Dance Visual Arts Music Theatre Multiple or Undecided (circle one)

Emergency Contact Information

Please provide Emergency Contact Information for someone other than parent:

Contact (First Name): _____ (Last) _____

Phone: _____ Alt Phone #: _____

Relation to Youth: _____

Medical History

Please provide all the following information. If more space is needed, use an extra sheet of paper.

1. Does your son/daughter have any physical problems or limitations? If so, describe them.
2. Is your son/daughter currently receiving treatment for any medical or other challenges?
3. Is he/she currently on any type of medication? If so, please specify.
4. Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below.
5. Are there any other medical challenges or limitations that we need to know about? If so, please describe them.
6. Does your son/daughter have any emotional issues or problems right now?
7. Is your son or daughter currently seeing a counselor or therapist?

Pick-Up & Drop-Off Information

Drop-Off Information/Instructions:

Pick-Up Information/Instructions:

Authorized adults to pick-up and drop-off child(ren):

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

Household Information

TBEY Arts Center, Inc. strives to provide membership and program services to all who desire to participate. The following questions help us know the families we are serving. Answering these questions is voluntary, but is appreciated. However, if you are applying for a scholarship you must answer the following questions to be considered for an award.

Household Income: (Circle one of the following :)

Under \$15,000 \$15,000-\$30,999 40,000-70,999 80,000-120,999 121,000 or more

Ethnicity: White: ____ Hispanic: ____ African American: ____ Asian: ____ Other: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Scholarship Information (STAFF USE ONLY)

Financial Assistance: Financial aid is available to any student; awards are need based. Applicant parent/guardian must fill-out household information section above to determine financial need.

Full Amount Awarded: \$ _____ Partial Amount Awarded: \$ _____ Award Denied/Date: _____

Parent/Guardian Information & Consent

Please read and sign the following to indicate your consent for your son/daughter to participate in TBEY Arts Center, Inc. membership and arts programs. Please initial each of the following below then sign and date.

_____ I give my informed consent and permission for my child to participate in the TBEY Arts Center, Inc. membership and arts education program and its related activities.

_____ I agree to have my child follow all TBEY Arts Center, Inc. membership and arts education program guidelines and understand that any violation on my child’s part may result in suspension and/or termination of TBEY arts education program and membership.

_____ I release the TBEY Arts Center, Inc., membership and arts education program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any TBEY Arts Center, Inc. staff, board of directors, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ I authorize TBEY Arts Center, Inc. to obtain any needed information regarding my child from his/her school’s Principal or other official, including academic and behavioral records and conversations with teachers, counselors, and other administrative representatives.

_____ I agree to allow TBEY Arts Center, Inc. to use photographic images and video of my child taken while participating in TBEY programs, events, performances, fieldtrips, fundraisers, etc. These images and videos may be used in promotions, or other related marketing materials.

I give my informed consent and permission for my child to participate in the TBEY Arts Center, Inc. membership and arts program activities. By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions. I have received a copy of this application.

Parent/Guardian Signature

Date

TBEY Arts Center, Inc. understands that by federal law requires that children’s records remain confidential and any information obtained about a child may not be disclosed.