**Space One Eleven**

***City Center Art 1*** After School Class Spring 2014

Beginner Studio for 2nd-5th Graders

Mondays, 4:15 PM – 6:15 PM; January 13, 2014 through May 12, 2014.

PARENT/GUARDIAN AND STUDENT POLICY AGREEMENT Form

**PARENT/GUARDIAN PLEASE FILL OUT THE FOLLOWING INFORMATION IN YOUR PACKETS:**

1. The Student Application for Scholarship or Tuition Assistance
2. Medical, Mental and Physical Conditions or Dietary Preferences
3. Parental Agreement Form Regarding Drop off and Pick up Times Sickness/Personal Phone Calls/Cell Phones/Gaming Devices
4. SOE Artwork Waiver and Parental/Guardian Consent

Students must be signed in/out daily by their parent/guardian.

Attendance will be kept on a daily basis.

I have completed all of the above listed forms.

**Student** (Please Print)

**Student’s Signature** **Date**

**Parent/Guardian** (Please Print)

**Parent’s/Guardian’s Signature** **Date**

Signature

Tara S. Lee

Art Education Coordinator

Space One Eleven

***City Center Art 1* After School Class Spring 2014**

**Application for Scholarship/Tuition Assistance**

All income information provided here is voluntary and optional. However, if you choose not to provide income information, we cannot offer you scholarship/tuition assistance.

**Student Personal Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name, Last Name, and MI | Date of Birth | M/F | School Name | Grade | Principal’s Name |
|  |  |  |  |  |  |

**Address and Contact Information**

Parent’s/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: (Street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt #\_\_\_\_\_\_\_\_

(City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State) \_\_\_\_\_\_\_ (Zip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Community i.e. Woodlawn)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the preferred number to call:  
🞎Home/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Household Income** from Last Year:

🞎 Less than $20,000 🞎 $20,001-$30,000 🞎 $30,001-$40,000

🞎 $40,001-$50,000 🞎 $50,001-$60,000 🞎 $60,001-$70,000

🞎 $70,001-$80,000 🞎 $80,001-$90,000 🞎 over $90,001

**HOUSE HOLD SIZE** \_\_\_\_\_\_\_\_(include everyone that lives at your residence)

**Privacy Act Statement:** This explains how we will use the information you give us. **You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price art programs. We will use your information to determine if your child is eligible for free or reduced fee art programs**. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. **Part**

How did you find out about Space One Eleven’s ***City Center Art*** Program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child participated in a Space One Eleven’s ***City Center Art*** Program before?\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
If yes, what year(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the ethnicity of your child**. *Providing this information will help us with evaluation requirements by some funders, but you are not required to answer this question.*

\_\_\_\_White, not Hispanic \_\_\_\_African American \_\_\_\_Hispanic \_\_\_\_Asian/ Pacific Islander

\_\_\_\_ American Indian/Alaskan Native \_\_\_\_Other please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Medical Needs: (Will be kept confidential)**Special Medical Issues that would be beneficial to SOE’s knowledge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Medications taken on a regular basis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other possible concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency and the parent/guardian or Emergency Contact is not available, does Space One Eleven have permission to secure emergency medical treatment? 🞎Yes 🞎No

**Emergency Contacts Personal Information**

Child **MAY** be released to:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child **MAY NOT** be released to:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify (promise) that all information on this application is true and that all income is reported. I understand that if I purposely give false information, my child may lose program benefits.

**3 - Foster Child (Complete only if student listed above is a FOSTER CHILD - Use a separate application for each Foster Child)**

**X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature (an adult household member must sign the application)** Printed First and Last Name DATE

**Part 6 - Race: Please check the racial or ethnic identity of ae not required to answer this question.**

***FOR OFFICE USE ONLY***

|  |
| --- |
| **Total Income:\_\_\_\_\_\_\_\_ Per:\_\_\_\_\_ Week,\_\_\_\_ Every 2 Weeks,\_\_\_\_\_ Once a Month\_\_\_\_\_\_ Household Size:\_\_\_\_\_\_\_**  **Categorical Eligibility (free or tuition assisted)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Temporary: Free\_\_\_\_\_Reduced\_\_\_\_\_\_**  **Time Period\_\_\_\_\_\_ (expires after \_\_\_\_\_ days) Determining Official's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Birmingham District and City Council Members**  🞎 District 1 Lashunda Scales 🞎 District 2 Kim Rafferty 🞎 District 3 Valerie Abbot  🞎 District 4 Maxine Parker 🞎 District 5 Jonathan Austin 🞎 District 6 Carole Smitherman  🞎 District 7 James Robertson, Jr. 🞎 District 8 Steven Hoyt 🞎 District 9 Roderick Royal  **Jefferson County Commissioner**  🞎George Bowman (1) 🞎 Sandra Little Brown (2) 🞎 Jimmie Stephens (3) 🞎 Joe Knight (4) 🞎 David Carrington (5) |
|  |

**MEDICAL, MENTAL, AND PHYSICAL CONDITIONS OR DIETARY PREFERENCES**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Physician** | Name: | Phone Number: | Location: |
| Emergency Contact 1 | Name: | Phone Number: | Relationship to child: |
| Emergency Contact 2 |  |  |  |
| Emergency Contact 3 |  |  |  |
| Emergency Contact 4 |  |  |  |

Check all that apply Preferred Treatment Emergency Contact

|  |  |  |  |
| --- | --- | --- | --- |
|  | ASTHMA |  |  |
|  | DIABETES |  |  |
|  | ALLERGIES: |  |  |
|  | *nuts/peanut butter* |  |  |
|  | *insects* |  |  |
|  | *Penicillin* |  |  |
|  | *animals* |  |  |
|  | *eggs* |  |  |
|  | *dairy* |  |  |
|  | *pork* |  |  |
|  | *face paint* |  |  |
|  | ***other*** |  |  |
|  | VEGETARIAN |  |  |
|  | MENTAL DISABILITY |  |  |
|  | PHYSICAL DISABLILITY |  |  |
|  | VISUALLY IMPAIRED |  |  |
|  | HEARING IMPAIRED |  |  |
| Other Conditions |  |  |  |
| Medications Taken |  |  |  |

Space One Eleven

***City Center Art 1*** After School Class Spring 2014

**Parental Agreement Form**

*Regarding*

**Drop Off and Pick Up**

**Sickness/Personal Phone Calls/Cell Phones/Games**

I (parent/guardian) understand that it is my responsibility to provide transportation for (student) to and from Space One Eleven during those times posted for the ***City Center Art (CCA)* After School Class Spring 2014, Mondays, 4:15 PM – 6:15 PM, January 13, 2014 to May 12, 2014.** I also understand that my child may be dropped off as early as 4:00 PM for class which will begin promptly at 4:15 PM. I agree to pick up my child when class concludes at 6:15 PM. **The studio classroom will be closed and locked at 6:30 PM.**

I also understand that it is my responsibility to make arrangements to pick up my child from the ***CCA*** Afterschool Art Classes in the event that they are sick or disruptive. Sick children will not be allowed to remain at Space One Eleven. If a youth is disruptive and asked to leave, they will be allowed to return the following class day as long as they understand that they must practice good behavior.

I also understand that the telephones at Space One Eleven are for business purposes only, and that my child will not call unless it is an emergency. Also all cell phones and gaming devices will be set aside by the youth upon entering SOE until class ends each day.

**Student** (Please Print)

**Student’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**

**Parent/Guardian** (Please Print)

**Parent’s/Guardian’s** Signature **Date**

Space One Eleven

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**Art Work Waiver**

I (parent/guardian), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby agree that any artwork produced in whole or in part by (Student’s full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Space One Eleven’s art programs, including ***City Center Art (CCA)*** and **Alabama Charcoal**, are and shall remain the property of SOE and that I have no proprietary interest in the said artwork.

**Parent’s/Guardian’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Consent for Media Release**

I (parent/guardian), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby **consent** to allow (Student’s full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be photographed, videotaped, audio taped, and/or interviewed by the news media during the ***City Center Art*** Program. Further, **I understand that the photograph, videotape, audiotape, or interview transcript may be posted online and/or may be used for publicity purposes in the future .** I/We, as parent(s) or legal guardian(s) of the above named, agree to release and hold harmless SOE, its members, officials, agents, and employees from and against any and all claims, demands, actions, complaints, suits, or other forms of liability that shall arise out of, or by reason of, or be caused by, the use of the image of the individual named above on television, radio, in motions pictures, or in print.

It is further understood and I do agree that no money or other consideration in any form including reimbursement for any expenses incurred by me or the above named will become due to me, the above names, our heir, agents, or assigns at any time because of participation of the above named in any of the above activities.

**Student** (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian** (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| I (parent/guardian),\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **DO NOT CONSENT** to the above Media Release for (student’s full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

**Parent’s/Guardian’s Signature** \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_