

GENERAL INFORMATION / SESSION SELECTION

- Please fill out the following application completely in black or blue ink. Fields marked with an asterisk (*) are optional.
- Please indicate your session selection below. Youth may attend one session only.
- Youth must agree to attend every day of the session, and must agree to attend every studio in the group of studios chosen.

☐ **SESSION 1**

Monday, June 18 to Friday, July 6
(No workshops on Wednesday, July 4th)

OR

☐ **SESSION 2**

Monday, July 16 to Friday, August 3

YOUTH INFORMATION

First Name: _____ Last Name: _____

Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Cell: _____

Date of Birth: _____ Age: _____ Gender: _____ Current Grade: _____

Ethnicity*: ☐ African Am. ☐ Asian ☐ Hispanic/Latino ☐ Native Am. ☐ Pacific Islander ☐ White ☐ Other

Current School: _____ Best ways to contact you: ☐ E-Mail ☐ Cell Phone ☐ Text Message

When did you first attend Inner-City Arts? ☐ New Student ☐ 0-1 Years Ago ☐ 1-2 Years Ago ☐ 2-5 Years Ago ☐ 5+ Years Ago

Due to the high demand for Artists in the Middle, we ask that you make sure that you are present the first day of your session or your space will be given up to the first person on the wait list. I agree to attend each day of the session and participate in all studios in the group of studios I chose.

Student Signature: _____ Date: _____

PARENT / GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Relation to Youth: _____ Best ways to contact you: ☐ E-Mail ☐ Cell Phone ☐ Text Message

E-Mail Address: _____ Cell: _____

Home Phone: _____ Work Phone: _____

What is your preferred language? ☐ English ☐ Español ☐ 中文 ☐ 한국어 ☐ Other: _____

EMERGENCY CONTACT (OTHER THAN THE PARENT/GUARDIAN ABOVE)

First Name: _____ Last Name: _____

Relation to Youth: _____ Primary Phone: _____

Secondary Phone: _____ Alternate Phone: _____



PARENT / GUARDIAN SIGNATURE

Please list any special needs, medical conditions, allergies, medications and other health-related issues we need to be aware of:

I affirm that the documentation I provided in order to verify fee waiver eligibility is true and accurate. I agree that my youth will attend every day of the session, unless precluded by illness or similar extenuating circumstances. In the event that my youth can not participate in the program, I agree to notify Inner-City Arts at least **1 week prior** to the beginning of the session.

TUITION WAIVER AGREEMENT

Do you agree? ☐ YES ☐ NO ☐ NOT APPLICABLE

I consent to have my child videotaped, photographed and interviewed while they are participating in classes or events at Inner-City Arts. I agree that this program material may be edited as desired, duplicated and used in whole or in part throughout the United States and abroad. I consent to the use of my child's name, likeness, voice, and biographical material for program publicity and institutional promotional purposes (including, but not limited to newspaper articles with photos, press releases for Inner City-Arts events, promotional videos representing the organization, photos for archival records and documentation for funders). I expressly release Inner-City Arts, its licensees and assignees, from any claims I may otherwise have arising out of broadcast, exhibition, publication or promotion of this program material.

PHOTO/VIDEO RELEASE

Do you agree? ☐ YES ☐ NO

The undersigned does hereby authorize the officers, teachers or agents of Inner-City Arts and the public school officers and staffs to consent to any x-ray examination, anesthetic, or medical procedure necessary in a medical emergency. It is understood that this authorization is given in advance to provide authority and power to render care, which the attending physician in his or her best judgment may seem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment.

MEDICAL RELEASE

Do you agree? ☐ YES ☐ NO

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Low income families qualify for a full tuition waiver. Low income status is verified via any of the following documentation:

- | | |
|--|--|
| <input type="checkbox"/> CalWORKs / TANF acceptance letter | <input type="checkbox"/> Healthy Way LA acceptance letter |
| <input type="checkbox"/> CalFresh / SNAP certification letter | <input type="checkbox"/> MediCal acceptance letter |
| <input type="checkbox"/> Women, Infants and Children (WIC) acceptance letter | <input type="checkbox"/> Page 1 of most recent income tax return (1040 form) |

☐ Other: _____

Registration Fee (\$20 per family, non-refundable)	\$	Payment Method	Staff Initials
<input type="checkbox"/> TUITION (\$450) <input type="checkbox"/> WAIVER (Verified by:)	\$	<input type="checkbox"/> Credit _____	
Contribution	\$	<input type="checkbox"/> Cash	
TOTAL DUE:	\$	<input type="checkbox"/> Check _____	

STUDIO GROUP SELECTION

NOTES