

starting artists

FALL 2010 AFTERSCHOOL PROGRAM STUDENT APPLICATION

Name: _____
First Middle Last

Address: _____ Sex: M F

School Name: _____ Grade: _____

Cell Phone: _____ Email: _____

(optional) I identify as the following race/ethnicity: (circle all that apply)

American Indian Asian/Pacific Islander African American Latino/a White

PARENT/GUARDIAN 1

Full Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: (if different than Student) _____

PARENT/GUARDIAN 2

Full Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: (if different than Student) _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Full Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

FALL 2010 AFTERSCHOOL PROGRAM

STUDENT APPLICATION

PROGRAM INFORMATION

- 10-week semester runs from **Monday, October 4 - Thursday, December 17**
- The ASP is open from **3pm - 6pm**
- Fridays are a free, drop-in afternoon where any and all Students & Interns are welcome to attend.
- Final reception & gallery show of student artwork: **Thursday, December 17 from 6pm-8pm**
- We will be closed for **Columbus Day (10/11), Veterans Day (11/11)** and the week of **Thanksgiving Day (11/22 - 11/26)**

STUDENT FEES

SA is a nonprofit institution and our mission is to bring the media arts and entrepreneurship to deserving students in BKLYN. To help as many students as possible participate this fall, we have created a sliding scale payment option. We don't ask for financial documentation, but we do ask that families pay as much as they can afford and spaces at each tier are limited. Program fees help support Starting Artists and allow us to continue running our programs while offering generous need and an honor-based sliding scale to all of our Student participants.

I would like to register for:

Mondays Tuesdays Wednesdays Thursdays

I will pay:

TIER 1: \$10 per day; \$100/semester X ____ (# of days) = \$____ total payment

TIER 2: \$20 per day; \$200/semester X ____ (# of days) = \$____ total payment

TIER 3: \$30 per day; \$300/semester X ____ (# of days) = \$____ total payment

Fees are payable via cash or check mailed to or dropped off at Starting Artists, 211 Smith Street, Brooklyn, NY 11201; we also accept credit via PayPal.

WAIVER

I/we fully understand the potential risks involved with my child's participation in this program. In the event that a medical emergency should occur I/we hereby give permission for my child to receive emergency medical treatment. I agree to update the emergency contact form as needed.

I/we hereby release, waive, discharge and agree to indemnify and hold harmless Starting Artists, Inc. and its directors, officers, employees, and agents from any loss, liability, damage, or any cost including any claim or demands therefore on account of any injury to my child or damage to my child's property while my child is upon the Starting Artists premises, or observing or using any facilities or equipment of Starting Artists or participating in any Starting Artists program.

I/we hereby consent to having photographs/video images taken of my child by a Starting Artists staff member or a professional approved by Starting Artists and the use of such visual images at the discretion of Starting Artists. I/we hereby release Starting Artists, its directors, officers, employees and agents from any and all liability, which may arise from taking or the use of such photographs/images. All negatives, positives, prints, or other visual images shall remain property of Starting Artists.

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Name of Parent/Guardian

Signature

Date