



Charter Oak Cultural Center Youth Arts Institute

Registration

We respect your privacy. The information you provide on this form is used only by staff in our Youth Arts Institute program as needed, and all information is stored securely. **Please COMPLETE ALL SECTIONS of this registration form. Incomplete forms will not be processed.**

Please return to:

*Charter Oak Cultural Center, 21 Charter Oak Avenue, Hartford, CT 06106. Phone: 860-310-2590
FAX: 860-524-8014. E-MAIL: susan.mazer@charteroakcenter.org*

Student Name _____ Grade ____ Age ____

Nickname _____ Home Address _____

Primary Parent or Guardian Name _____

Primary Parent or Guardian Phone # _____ Alternate Phone # _____

Secondary Parent or Guardian Name _____

Secondary Parent or Guardian Phone # _____ Alternate Phone # _____

E-mail Address _____ School Attending _____

Has your child attended Youth Arts before? Yes ___ No ___ If yes, how many years? _____

I hereby give permission for (child name)

_____ to participate in classes at Charter Oak Cultural Center or designated locations. I understand that the child listed above will be placed in classes according to age and availability. I understand that in order to have my child enrolled I will be required to complete a confidential income verification form.

Parent/Guardian Signature _____ **Date** _____

BEHAVIOR POLICY

It is our goal that all students enjoy themselves and are always safe when at our programs. When any child displays behaviors that are disruptive to the teacher or other students, violent or uncooperative, staff may remove the child from the classroom to take a moment to resolve the issue through peaceful resolution and open communication. If their behavior does not improve, the student may be asked to take a day off from the program and their parents/caregivers will be contacted. If, after a day off, the behavior still does not improve, the student may be asked to discontinue attending the program. Full parental communication will occur throughout these steps.

I understand and agree to Youth Arts Institute's behavior policy:

Parent/Guardian Signature _____ **Date** _____

PHOTO RELEASE

I hereby assign and grant Charter Oak *Cultural* Center and partnership organizations the right and permission to use and publish the photographs/film/video/electronic representations and/or sound recordings made during my child's participation in Charter Oak *Cultural* Center's youth programming. I hereby release Charter Oak *Cultural* Center from any and all liability from such use and promotion. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video/electronic representations and/or sound recordings without limitation at the discretion of Charter Oak *Cultural* Center and partnership organizations. I specifically waive any right to any compensation I may have for any of the foregoing.

Parent/Guardian Signature _____

PICK UP/SIGN OUT

CHILDREN MUST BE PICKED UP PROMPTLY AT THE END OF CLASS. All students must be signed out by the person(s) authorized to pick them up. Please provide names and phone numbers of anyone who is authorized to pick up your child. Charter Oak reserves the right to photocopy identification cards for anyone not regularly picking up the child. CHARTER OAK WILL NOT RELEASE THE CHILD TO ANY PERSONS NOT LISTED BELOW (**Include your name in the list as well**):

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Do you give permission for your child to walk home alone and sign him/herself out from Youth Arts at the end of the day? Yes _____ No _____

ABSENCE/LATE PICK UP POLICY

- In the event of an absence, I understand that I must call (860-310-2590) or email susan.mazer@charteroakcenter.org to report the absence in order for it to be considered an excused absence.
- Children must be picked up promptly at the end of class. **If my child has more than two unexcused absences or is picked up late, I understand that he/she may be removed from the enrollment list to make room for those on the waiting list.**

Parent/Guardian Signature _____ **Date** _____

PREFERRED METHOD OF COMMUNICATION: **Phone** **Email**
(Please circle one)

EMERGENCY CONTACT INFORMATION

In case of an emergency, **if the primary or secondary parent or guardian listed above cannot be reached**, who should we call?

Name _____

Relationship to Child _____

Address _____

Phone _____ Alternate Phone _____

EMERGENCY TREATMENT

Charter Oak *Cultural* Center agrees to take reasonable measures for the protection of the health of each child. However, we assume no risk of injuries, accidents, and/or sickness incurred or received by any child whether directly or indirectly while participating in programs run by Charter Oak Cultural Center. In the event of any medical emergency accident, Charter Oak Cultural Center reserves the right to move your child to an appropriate hospital. I hereby authorize such physicians or emergency faculty to treat my child in any situation until I can be reached for specific permission.

Name of Physician _____ Phone _____

Address _____

Medical Insurance: _____ Group # _____ Policy # _____

Parent/Guardian Signature _____ **Date** _____

SPECIAL CONSIDERATIONS

1. Does your child have any allergies that we should know about?

2. Is there anything you would like the staff/teachers to know about your child?

****Please Note: This registration is good for one full school year. You are responsible for updating staff of any necessary changes to the information on this form.****

Youth Arts Institute CONFIDENTIAL INCOME VERIFICATION FORM

9) Family Annual Income \$ _____
Familia Ingreso Anual

10) Are you a single female head of household? Yes No
Eres la jefa de la casa? Si No

11) Are you employed? Yes No
Está trabajando? Si No

12) Indicate Source of Income: Full-Time Job Part-Time Job
Indica fuente de ingresos: Social Security Pension Other

Please note, it is possible that we will need you to provide one or more of the following documents in order to verify your household income and Hartford residency. These documents would be needed for us to remain in compliance with the grants we receive, allowing us to continue to offer the program free of charge. We will NOT ask for your Social Security number. **(These documents are not required at this time, we simply want to inform you that they may be requested at a later date.)**

- Recent pay stubs
- A personal check with a pre-printed address
- A signed current tax return
- A Connecticut Driver's License or ID Card
- A Governmental Assistance Form
- A Rent Receipt or
- A Utility Bill

Tenga en cuenta que es posible que nos tiene que proporcionar una o más de los siguientes documentos con el fin de verificar su ingreso y residencia en Hartford. Estos documentos serían necesarios para que podamos seguir cumpliendo con las subvenciones que recibimos, lo que nos permite continuar ofreciendo el programa de forma gratuita. Nosotros NO le pedirá su número de Seguro Social. **(Estos documentos no son necesarios en este momento, simplemente queremos informarle de que se puede solicitar en una fecha posterior.)**

- Los recientes talones de pago
- Un cheque personal con una dirección pre-impresa
- Una declaración firmada por impuestos corrientes
- Un controlador de Connecticut de licencia o tarjeta de identificación
- Una forma de asistencia gubernamental
- Un Recibo de alquiler o
- Un proyecto de ley de utilidades