

## 2009-2010 Youth Enrollment Form

Date \_\_\_\_\_

High School \_\_\_\_\_

Grade \_\_\_\_\_

New Student       Returning Student

Last Name: \_\_\_\_\_ First

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip Code:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell

Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race or Ethnicity

(optional): \_\_\_\_\_

Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Do you qualify for free or reduced lunch? (circle one)

yes          no

Parent/Legal Guardian

Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Alternative

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency

Phone: \_\_\_\_\_

Relationship of Emergency Contact to

Student: \_\_\_\_\_

Please return or mail application forms to:

98 E Fulton  
Grand Rapids, MI 49503  
Phone: 616-454-7004  
Fax: 616-454-9887

**PLEASE NOTE:** WMCAT will follow GRPS School calendar for closings and snow days.

The undersigned legal guardian of the student participant agrees to this permission-waiver as follows:

I give permission for my son/daughter to participate in West Michigan Center for Arts and Technology (WMCAT) after school and summer programs.

I understand that my son/daughter will be working in programs which may involve contact with mechanical equipment and/or chemicals.

I understand that photographs and videos may be taken during WMCAT programming, and I understand that these media as well as my child's artwork produced by him/her are important and may be used for educational, funding, promotional or other purposes on behalf of WMCAT. Therefore, I give West Michigan Center for Arts and Technology my permission to use, in part or whole, the name, picture, performance, photograph and/or taped voice for my son/daughter and I release the program from any monetary compensation and any and all claims resulting from such use and waive any right to inspect or approve the finished photography or video or audio recording.

I understand that in order to learn how well the WMCAT program is working and to make improvements, WMCAT staff and/or professional evaluators may conduct interviews, lead focus groups, and administer questionnaires in which your son/daughter is asked specifically about their experiences in the WMCAT program. In addition, professional evaluators and WMCAT staff will need access to information about your son/daughter's in-school behavior, attendance, grades, credits earned, and progress towards graduation. All information will be treated confidentially, and his/her name will not be

revealed in reporting any program results.

5. I understand that this signed form is a general permission slip which extends to all WMCAT related student activities and field trips unless otherwise noted by me below.

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Participant's Signature

\_\_\_\_\_  
Parent/Guardian Printed Name                      Participant's Printed Name

**Medical Information** (in case of emergency)

Allergies: \_\_\_ None \_\_\_ Yes (please list):  
\_\_\_\_\_

Are you currently under the care of a physician for an ongoing condition? \_\_\_ No \_\_\_ Yes (please explain):  
\_\_\_\_\_

Date of last tetanus vaccination: \_\_\_\_\_

Please list any medications you are currently taking: (\_\_\_ None)  
\_\_\_\_\_

Physician name and phone number:  
\_\_\_\_\_

WMCAT Staff will **not** administer or provide any medication