



# TEEN ARTS + TECH DROP-IN PROGRAM 2021-22 FORM

**\*\*RETURN THIS SIGNED FORM TO WMCAT ON FIRST DAY OF PARTICIPATION**

## STUDENT INFORMATION (Please print clearly in pen or type)

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

Preferred Name (if different) \_\_\_\_\_ Preferred Gender Pronoun (He/She/They) \_\_\_\_\_

Date of Birth (month/date/year) \_\_\_\_\_ Current Grade Level \_\_\_\_\_

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

Email Address (for program confirmation and updates) \_\_\_\_\_

Best Phone Number \_\_\_\_\_  cell or  home?

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Please list any accommodations needed for your learning environment, as well as food allergies and health issues we should be aware of:

## PARENT/GUARDIAN CONTACT INFORMATION

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

Best Phone Number \_\_\_\_\_  cell or  home?

Email Address (for program announcements and updates) \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (other than parent/guardian listed above)

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

Best Phone Number \_\_\_\_\_  cell or  home?

## FOR COLLECTIVE REPORTING PURPOSES ONLY (data will not be used to identify individuals)

Student Race or Ethnicity:  African American  Asian  Hispanic  Native American  Mixed Race  White

Language Spoken at Home \_\_\_\_\_ Number of People in Household \_\_\_\_\_

Annual Household Income Level:  under \$15,000  \$15,001-25,000  \$25,001-50,000  50,001-75,000  \$75,000+

Do you qualify for free and/or reduced lunch?  Yes  No Are you a Challenge Scholar?  Yes  No

How did you hear about WMCAT?  Friend  School Event  School Staff  Family  Online  Other \_\_\_\_\_

Office Use Only

Date/Time Rec'd: \_\_\_\_\_ By: \_\_\_\_\_



## PERMISSION FORM + WAIVERS

The undersigned legal guardian and student participant agree to this permission-waiver as follows:

### EVALUATION

- I understand that for WMCAT to improve, staff and/or professional external evaluators may make observations during activity times, conduct interviews, and administer questionnaires in which my child is asked about their experiences at WMCAT. Professional evaluators and WMCAT staff will have access to my son/daughter's in-school behavior, attendance, grades and progress towards graduation throughout their high school and college career.

### FIELD TRIPS

- I give permission for my child to participate in WMCAT's after school programs. 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. I give permission for my child to be bused or driven by WMCAT staff.

### MEDIA

- I understand that photographs and videos may be taken during WMCAT programming. I understand media and artwork produced by my child may be used for educational, funding, promotional or other purposes and may be sold on behalf of WMCAT. I give WMCAT my permission to use, in part or whole, the name, picture, performance, photograph and/or taped voice for my child. WMCAT is released from any monetary compensation and any and all claims resulting from such use. I waive any right to inspect or approve the finished photography or video or audio recording.

### MEDICAL CARE

- In the event of a medical emergency, I authorize WMCAT staff to secure medical attention or hospitalization for my child. I understand that WMCAT does not provide medical insurance for my child, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my child that are not covered by insurance.

### SOCIAL SERVICE PARTNERSHIPS

- I understand that WMCAT works in partnerships with other social service agencies such as the Department of Health and Human Services (DHHS), The Source, and Arbor Circle to provide supportive services and programming for WMCAT students and their families. Services provided by Arbor Circle may include community resource referrals, psycho-educational groups, and counseling services. If you have an open DHHS case, you have the option of transferring it to a DHHS caseworker located at WMCAT.

### SUPERVISION AT WMCAT

- I understand that my child will be working in programs, such as Fashion, Ceramics, and Photography, where contact with mechanical equipment and/or chemicals may be involved.
- I understand that WMCAT is not responsible for any items that are damaged, lost, or stolen.
- I understand that WMCAT will supervise my child during program hours at its facility and on field trips. I am responsible for coordinating transportation for my child to get to WMCAT and to get home from WMCAT. I will set boundaries and consequences if my child leaves WMCAT during program hours without my permission.

---

Student Printed Name

Student Signature

Date

---

Parent/Guardian Printed Name

Parent/Guardian Signature

Date