

# Providence ;CityArts! for Youth, Inc. Registration Form



Student Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Male/Female

Grade \_\_\_\_\_

School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
day evening mobile

Address \_\_\_\_\_  
street apt.

\_\_\_\_\_ city State zip code

\_\_\_\_\_ email address

## Emergency Contacts

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## People Authorized to Pick Up Your Child

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

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

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

Is there anyone that is under no circumstances allowed to pickup/contact the child? Y / N  
If so please list Individuals:

CityArts will not allow your child to leave with anyone other than the above listed individuals  
OR check below for walker.

\_\_\_\_\_ I authorize my child to walk TO CityArts.

\_\_\_\_\_ I authorize my child to walk FROM CityArts.

Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Please help us to understand more about the youth we serve. Thank you for your help!**

1. Student's ethnic background (circle one):

African-American    Hispanic    Asian    White    Other

2. The number of people who live in your home (circle one):

1    2    3    4    5    6    7    8    9    10+

3. What is the closest annual family income level to the one in your home? (circle one)

\$10,000    \$20,000    \$30,000    \$40,000    \$50,000    \$60,000

4. Is the student eligible for Federal Subsidized School Breakfast/Lunch? (circle one)

Yes    No

5. How did you hear about  
CityArts? \_\_\_\_\_

6. Would you be willing to volunteer at CityArts? If YES, which activities (circle all that apply):

Events / Food and Beverages    Fieldtrip Chaperone / Transportation  
Afterschool Teaching Assistant    Fundraisers / Mailings  
Summer Teaching Assistant    Making Phone Calls

## Youth Programs Authorization and Release

I, \_\_\_\_\_, am the parent or legal guardian of  
\_\_\_\_\_ and am authorized to sign this Authorization.

In consideration of Providence ;CityArts! for Youth, Inc. (CityArts) I hereby release CityArts and/or any person or entity acting through, on behalf of, or in consideration with CityArts from any and all claims of liability whatsoever (including but not limited to claims of negligence, intentional or otherwise) accruing, now or in the future, to or on behalf of my child, or his or her legal guardian(s), by reason of an action or inaction on the part of CityArts and/or that of any person or entity acting though, on behalf of, or in cooperation with CityArts or any other child concurrently enrolled in a CityArts program, during the time this child attends or is transported to or from any CityArts program or related function.

I also agree that, by signing this Authorization and Release, I give my permission for this child to attend all fieldtrips sponsored by CityArts and to participate in all activities and programs away from the CityArts building. I also agree that in the event of a medical emergency concerning this child, I authorize CityArts to transport him or her to a hospital or other place where medical treatment is provided.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent / Guardian Signature \_\_\_\_\_



## CityArts! Photo Authorization and Artwork Release Form

As the parent or guardian of \_\_\_\_\_  
(name of child), I hereby grant to Providence CityArts! for Youth, Inc.  
(CityArts) or assigns (photographer) the irrevocable right and unrestricted  
permission with respect to photographic images as well as videos taken of  
my child at CityArts, or in which my child may be included with others, to use and/or publish  
individually or in conjunction with any printed matter, in any and all media, and for any legal  
purpose whatsoever, including, but not limited to illustration, promotion, exhibition,  
publication, advertising, web and trade. Furthermore, I consider the photographer the sole  
and complete owner of any such photographs.

I the undersigned grant permission for any and all artwork that my child creates during the  
CityArts! program to be used and/or published in or in conjunction with any printed matter,  
in any and all media, and for any legal purpose whatsoever, including, but not limited to  
illustration, promotion, exhibition, publication, advertising, web, and trade. I also hereby  
forfeit any and all artwork by my child that is left behind and not collected by the end of the  
class term and thereby becomes sole property of Providence CityArts!.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date



## Medical Form

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent to Contact:  
\_\_\_\_\_

CellPhone: \_\_\_\_\_

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

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

Pediatrician's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please describe any Medical Conditions or Physical Disabilities.

Does Student have any KNOWN ALLERGIES?

Will Student need to bring any type of INHALER or EPI-PEN?

Yes \_\_\_ No \_\_\_  
If Yes, what kind?

Please arrange to have your child take any medications BEFORE or AFTER program hours.

If your child needs to bring an Epi-Pen or Inhaler, please label it clearly with your child's name.