

MULTICULTURAL CHILDREN'S ART PROGRAM APPLICATION FORM

STUDENT

Name:		School:
Date of birth:	Age	Sex

PARENT/GUARDIAN CONTACT

Name:	Relationship:
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Current address:

City:	State:	ZIP Code:
Home Phone:	Work Phone:	Cell Phone:

Email:

Name:	Relationship:
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Home Phone:	Work Phone:	Cell Phone:
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Email:

EMERGENCY CONTACT (IF DIFFERENT FROM PARENT/GUARDIAN)

Name:	Relationship:
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Home Phone:	Work Phone:	Cell Phone:
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MEDICAL CONDITIONS (PLEASE SPECIFY)

EMOTIONAL, BEHAVIORAL AND/OR SPECIAL NEEDS (PLEASE EXPLAIN)

PICK TWO WORKSHOPS

1. _____
2. _____

WAIT LIST

1. _____
2. _____

PERMISSION FORM – WALKING FIELD TRIP

DURING THE COURSE OF THE PROGRAM, THERE MAY BE DAYS WHEN WE WILL GO ON WALKING FIELD TRIPS TO LOCAL DESTINATIONS AROUND THE NEIGHBORHOOD. THE WALKING FIELD TRIPS WILL BE WITHIN AN EIGHT-BLOCK RADIUS OF 741 – 30TH AVENUE CAMPUS. BY SIGNING THE PERMISSION SECTION WITHIN THE INFORMATION FORM, YOU ARE GRANTING PERMISSION FOR YOUR CHILD TO PARTICIPATE IN THESE FIELD TRIPS. YOU WILL BE NOTIFIED IN ADVANCE OF SUCH TRIPS.

Signature of parent/guardian:

Date:

PERMISSION FORM – MEDIA RELEASE

DURING THE COURSE OF SOME WORKSHOPS OR CAMP YOUR CHILD MAY BE VIDEOTAPED, PHOTOGRAPHED OR RECORDED. THIS MAY BE USED FOR PRINTED PUBLICATIONS, AUDIO VISUAL RECORDINGS, TELEVISION, OR IMAGES POSTED ON OUR WEBSITE. BY SIGNING THE PERMISSION SECTION WITHIN THE INFORMATION FORM, YOU ARE GRANTING PERMISSION FOR US TO VIDEOTAPE, PHOTOGRAPH OR RECORD YOUR CHILD.

Signature of parent/guardian:

Date:

RACE/ETHNICITY

<input type="checkbox"/> African American	<input type="checkbox"/> Middle Eastern/Arab	<input type="checkbox"/> White/European American
<input type="checkbox"/> Other Black	<input type="checkbox"/> Middle Eastern/Iranian	<input type="checkbox"/> White/Other
<input type="checkbox"/> Asian/Burmese	<input type="checkbox"/> Middle Eastern/Other	<input type="checkbox"/> Hispanic/Latino/Caribbean
<input type="checkbox"/> Asian/Chinese	<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic/Latino/Mexican/Mexican American
<input type="checkbox"/> Asian/Filipino	<input type="checkbox"/> Native Alaskan	<input type="checkbox"/> Hispanic/Latino/Central American
<input type="checkbox"/> Asian/Japanese	<input type="checkbox"/> Pacific Islander/Guamanian	<input type="checkbox"/> Hispanic/Latino/South American
<input type="checkbox"/> Asian/Korean	<input type="checkbox"/> Pacific Islander/Hawaiian	<input type="checkbox"/> Hispanic/Latino/Other
<input type="checkbox"/> Asian/Thai	<input type="checkbox"/> Pacific Islander/Tongan	<input type="checkbox"/> Multiracial/Multiethnic (Please select all boxes that apply)
<input type="checkbox"/> Asian/Vietnamese	<input type="checkbox"/> Pacific Islander/Samoan	<input type="checkbox"/> Other
<input type="checkbox"/> Asian/Other	<input type="checkbox"/> Pacific Islander/Other	

LANGUAGE SPOKEN AT HOME

<input type="checkbox"/> English	<input type="checkbox"/> Khmer/Cambodian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Spanish	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Arabic
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Russian
<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Korean	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other
<input type="checkbox"/> Laotian	<input type="checkbox"/> Toishanese	

ENGLISH FLUENCY Fluent Not fluent Somewhat fluent**DO ANY OF THE FOLLOWING PROGRAMS OR DESCRIPTIONS AFFECT YOU OR YOUR FAMILY?**

<input type="checkbox"/> School Lunch Program	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Working Single Parent
<input type="checkbox"/> Public Housing	<input type="checkbox"/> Homeless/Shelter	<input type="checkbox"/> Both Parents Working During the Day
<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Welfare (TAN/food stamps)	<input type="checkbox"/> None of the above programs
<input type="checkbox"/> Unemployed		

SIGNATURE

Signature of parent/guardian:

Date: