

GRANT FUNDED
PROGRAMS ARE
OFFERED AT NO
COST TO PROGRAM
PARTICIPANTS

Brandon House

Cultural & Performing Arts Center

ENROLLMENT FORM

* Required Information must be filled out by individual 18 or older in order to participate in program. Date: _____

PROGRAM INTEREST

- DreamStarters – 6-12 years old
- Brandon House Performance Dance Team – 6-18 years old
- FALL IN [Includes Theater/Drama; Music, Audio Production] – 13 to 18 years
- BOXed In – Violence Intervention Program – 13+

STUDENT INFORMATION

*Last Name: _____ First Name: _____ MI: _____

*DOB: _____ AGE: _____ SS#: _____ Male Female 10-Digit School ID _____

*Address 1: _____

*City: _____ State: _____ Zip: _____

*Email: _____ *Phone: _____

Lives with (Circle One): Both Parents Mother Only Father Only Mom / Step Dad / Step Grandparent

Residential Facility: _____ Other/Relative: _____

Race (optional): Caucasian African-American Asian Native American Pacific Islander Hispanic
None Hispanic Bi-Racial Other _____
Non-Hispanic

PARENT/GUARDIAN INFORMATION

Must be completed by Parent/Guardian if the participant is under the age of 18. Otherwise, information can be completed by the participant.

*Last Name: _____ *First Name: _____ Relationship to Student: _____

*Spouse Last Name: _____ Spouse First Name: _____

*Address 1: _____ *City: _____ State: _____ Zip: _____

*Home Phone: _____ *Cell Phone: _____ Email Address: _____

*Place of Employment: _____ *WorkPhone: _____

Do you have a child care assistance voucher from AR Dept of Human Services Child Care Development Fund? Yes [] No []

Number in Household: _____

Annual Income

- \$0-25,999
- \$26,000-\$30,000
- \$31,000-\$49,000
- \$50,999-\$61,000
- \$62,000-\$74,999
- \$75,000+

Marital Status

- married
- single
- divorced
- separated
- widowed

Emergency Contact #1: _____

Contact Number: _____ Relationship to Student: _____

Emergency Contact #2: _____

Contact Number: _____ Relationship to Student: _____

SCHOOL INFORMATION

School Name: _____ Grade: _____

School District (Circle One): LRSD PCSSD NLRSD Private Home School Student ID# _____

Home Room Teacher: _____ GPA: _____

STUDENT HEALTH & SAFETY INFORMATION

Does your child take any medications? Yes No Health Insurance Coverage? Yes No

Date of Last Checkup: _____

*Personal Physician: _____ Physician Location: _____

*Physical Disability: _____

*Chronic Health Problem: _____

*Psychological Assessment? Date: _____ Location: _____

Counseling? Location: _____

Residential Treatment? Location: _____

*Has your child ever been diagnosed with any of the following? (Include Date of Diagnosis)

ADD _____ ADHD _____ Diabetes _____ Asthma _____

Any Known Allergies: Yes No Does Your Child Carry An Epi-Pen? Yes No

Food Allergies - Please List: _____

Bee Stings Trees, Grass, Pollen Animals - Please List: Other: _____

Dietary Restrictions: _____

FIELD TRIP PERMISSION

Occasionally, your child may be invited on a field trip as part of the after school or summer program. In the event of a field trip, you will receive detailed information about the proposed trip. By signing below, you give Brandon House permission to transport your child to and from any field trip opportunity.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENTAL MEDICAL & HOLD HARMLESS CONSENT

Knowing there is a certain amount of risk involved in even the simplest of program activities, I give my permission for my child to participate in Brandon House Cultural & Performing Arts Center, [herein referred to as Brandon House] activities and programs. I accept responsibility in the unlikely event that an accident might take place and I understand that Brandon House is not liable for personal injuries and/or property damage to my child.

I understand that in the unlikely case of an accident for my child I am solely responsible for the cost of health care for my child, even as a result of my child's participation in Brandon House programs or activities.

I hereby consent to my child being given emergency treatment by a physician or hospital in case of an accident due to his/her taking part in Brandon House programs. I understand that Brandon House does not cover my child with any primary medical insurance coverage and that the parent/guardian is financially responsible for any treatment provided.

I hereby agree to hold harmless Brandon House, members of its board, staff, and authorized volunteers for accidental injury to my child or damage to my child's property. I give permission for my child to participate in all program activities, and do forever release Brandon House and its members of the board, staff, volunteers and agents from any and all actions, all known and unknown personal injuries or property damage to my child arising out of any and all Brandon House activities. I also forever release Brandon House of any and all claims or right of action for damages which my child has or hereafter may acquire as a result of participation at Brandon House.

Full Printed Name: _____ Signature: _____ Date _____

PARENTAL RELEASE & CONSENT

Please read and check mark the following statements before signing below:

- I hereby certify that my application contains no false information and is complete, truthful, and accurate to the best of my ability.
- I understand that applications for this program, sponsored by Brandon House Cultural & Performing Arts Center, are accepted without regards to sex, race, color, national origin, physical/mental disability, religion, or political affiliation.
- I understand that Brandon House will have publicity photos/videos taken during programming for use in local media, brochures, Brandon House's Facebook page and on its website. I give permission for my child to be included in all photo/video opportunities.
- I give consent for Brandon House to collect information that may be used for evaluation and/or reporting purposes.
- I am aware that I am not expected to pay for my child to participate, unless otherwise stated by program requirements.
- I understand that my child(ren) may be subject to being interviewed.
- I acknowledge that written notice regarding facility's compliance forms which are found on DHS website have been received.
- I give my consent to any exchange of information between my child's school and Brandon House relative to grades and academic performance which may be beneficial to my child.

I/We the parent/guardian agree that we have read completely and give consent to and agree to the information stated in this application for my child to participate in Brandon House programs and activities. I/We agree that the information provided is accurate and we/I agree to all the information contained in this application.

Parent Printed Name: _____ Signature: _____ Date _____

Student Printed Name: _____ Signature: _____ Date _____