



SCHOOL YEAR 2017 – 2018: ARTS ENRICHMENT PROGRAMS APPLICATION

PROGRAM SELECTION
<i>I would like to participate in the following session(s):</i> <input type="checkbox"/> <i>Fall Session</i> <input type="checkbox"/> <i>Spring Session</i>
Please check the program(s)* that you are applying to: Music Clubhouse [ages: 8-18] (<i>check which lesson(s) you are interested in</i>) <input type="checkbox"/> Drum Lessons <input type="checkbox"/> Voice Lessons <input type="checkbox"/> Guitar/Bass Lessons <input type="checkbox"/> Piano Lessons Baila! Latin Dance Classes [ages: 5-18] <input type="checkbox"/> Dance Classes Theatre Classes (<i>check which component(s) you are interested in</i>) <input type="checkbox"/> Narradores (Storytellers) [ages: 7-10] <input type="checkbox"/> Improvisadores (Improvisors) – Group 1 [ages: 11-13] <input type="checkbox"/> Improvisadores (Improvisors) – Group 2 [ages: 14-17]
<i>*Please note that there is a \$20 enrollment fee for <u>each</u> program that you/your child check(s) off.</i>

PARTICIPANT INFORMATION		
First Name:	Last Name:	
Date of Birth:	Age:	Gender:
Street Address:		Apt. Number:
City:		Zip Code:
Neighborhood: <input type="checkbox"/> Jamaica Plain <input type="checkbox"/> Roxbury <input type="checkbox"/> Mattapan <input type="checkbox"/> Dorchester <input type="checkbox"/> Roslindale <input type="checkbox"/> West Roxbury <input type="checkbox"/> South Boston <input type="checkbox"/> South End <input type="checkbox"/> Hyde Park <input type="checkbox"/> Other _____		
Home Phone Number:		Cell Phone Number:
Email Address:		
Race (Check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other _____		

Ethnicity:	Country of Birth:
------------	-------------------

Primary language spoken at home: Spanish English Other _____

Other language(s) spoken at home: Spanish English Other _____

Do you live with: Both Parents Single Parent Guardian(s) Other

If other: _____

Please select your **household size** and select *one* of the three **income** options below.
Please note, your selected income bracket should be on the same line as your household size.

Household Size	Income Bracket 1	Income Bracket 2	Income Bracket 3
<input type="checkbox"/> 1 Person	\$0 to \$20,650	\$20,651 to \$34,350	\$34,351 to \$51,150
<input type="checkbox"/> 2 Persons	\$0 to \$23,600	\$23,601 to \$39,250	\$39,251 to \$58,450
<input type="checkbox"/> 3 Persons	\$0 to \$26,550	\$26,551 to \$44,150	\$44,151 to \$65,750
<input type="checkbox"/> 4 Persons	\$0 to \$29,450	\$29,451 to \$49,050	\$49,051 to \$73,050
<input type="checkbox"/> 5 Persons	\$0 to \$31,850	\$31,851 to \$53,000	\$53,001 to \$78,900
<input type="checkbox"/> 6 Persons	\$0 to \$34,200	\$34,201 to \$56,900	\$56,901 to \$84,750
<input type="checkbox"/> 7 Persons	\$0 to \$36,730	\$36,731 to \$60,850	\$60,851 to \$90,600
<input type="checkbox"/> 8 Persons or more	\$0 to \$40,890	\$40,891 to \$64,750	\$64,751 to \$96,450

If your selected household generates an income *outside* of Income Brackets 1, 2, and 3, please select a household size **and** provide your income here: _____

Housing:

Rent Own Shelter Foster Home Other _____

If you rent do any of these apply to you:

Section 8 (Subsidized Housing) Public Housing, if so which _____

Does your family receive any public assistance?

Food Stamps Child Support Welfare AFDC SSI/SSDI TANF Other

What school do you currently attend? _____

What grade are you in? _____

How did you hear about the Hyde Square Task Force?

Family Friend School Internet Event Flyer Other _____

Have you previously enrolled in Hyde Square Task Force? Yes No

PARENT / GUARDIAN 1 INFORMATION

Parent/Guardian Name: _____ Relationship to youth: _____

Address:

Home Phone Number:

Cell Phone Number:

Email Address:

Parent/Guardian Country of Birth:

Occupation: _____ Employer: _____

Work Phone Number:

Please describe your highest education level.

High school graduate: Yes NoCollege graduate: Yes NoSome college: Yes No

If yes, when: _____

PARENT / GUARDIAN 2 INFORMATION

Parent/Guardian Name: _____ Relationship to youth: _____

Address:

Home Phone Number:

Cell Phone Number:

Email Address:

Parent/Guardian Country of Birth:

Occupation: _____ Employer: _____

Work Phone Number:

Please describe your highest education level.

High school graduate: Yes No

College graduate: Yes No

Some college: Yes No

EMERGENCY CONTACT INFORMATION

Emergency Contact 1

First Name:

Last Name:

Relationship to Youth:

Telephone Number:

Emergency Contact 2

First Name:

Last Name:

Relationship to Youth:

Telephone Number:

MEDICAL INFORMATION

Does your child have any allergies or chronic health conditions? Yes No

If yes, what are they? _____

Do you have medical coverage? Yes No

If yes, please complete the following:

Insurance Policy (Name): _____ Policy # _____

PLEASE CHECK ALL THAT APPLY:

Allergies: Food _____ Environment _____

Does your child/teen have any physical difficulties?

Yes No

If yes, please describe: _____

Is your child/teen on any medications?

Yes No

If yes, please describe: _____

Is your child/teen on an IEP?

Yes No

If yes, please describe: _____

Is your child/teen on a 504 plan?
 Yes No
If yes, please describe: _____

Does your child/teen have any emotional/behavioral challenges?
 Yes No
If yes, please describe: _____

Any learning challenges?
 Yes No
If yes, please describe: _____

Does your child/teen have a mental health diagnosis?
 Yes No
If yes, please describe: _____

I hereby give Hyde Square Task Force permission to administer basic First Aid and/or CPR and/or take my child to a hospital and secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian Signature _____ Date _____

The information provided on this form is true and accurate to the best of my knowledge and I give permission for my son/daughter to participate in Hyde Square Task Force programs and activities.

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____

Photo/Video Consent and Release Form

Promotional Release: Yes No

I hereby give permission for Hyde Square Task Force to use any photographs, film, or video taken of my child during the course of his or her participation in Hyde Square Task Force programming for educational and/or publicity purposes only. I understand that my child and/or any other identifying information may be used in accounts of Hyde Square Task Force programs, including newspaper and magazine articles, website and other internet materials, television, and other presentations or publications concerning the programs.

I understand and acknowledge that my consent to the use of the above information is purely voluntary and is not required by Hyde Square Task Force as a condition of my child's participation in Hyde Square Task Force programming. I knowingly and voluntarily release and hold harmless Hyde Square Task Force, its agents and employees from any liability of any kind resulting from use of the

information as set forth above. This release and waiver of liability is binding upon my successors, heirs and assigns.

Participant's Name (please print) _____

Parent/Guardian's Name (please print) _____

Parent/Guardian's Signature _____ Date _____

Drop Off Application:

Hyde Square Task Force
Youth Community Development Center
30 Sunnyside Street, Jamaica Plain, MA 02130
*(Located behind the Blessed Sacrament Church building at
361 Centre Street, Jamaica Plain, MA 02130)*

Mail Application:

Hyde Square Task Force
PO BOX 301871, Jamaica Plain, MA 02130*

please **DO NOT mail your application to 361 Centre Street.*

For more information call 617-524-8303 or visit our website at

www.HydeSquare.org