



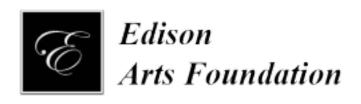
\$75weekly
Plus \$50
Registration

## FAMILY. COMMUNITY. ARTS.

## 2023-2024 Afterschool Arts Academy Application

Student's Name					
Parents' Names					
Address	C	ityZip			
Home	Mom's wk	Dad's wk			
Mom's Cell	Dad's Cell	Email			
Age De	OBSchool	Grade			
Youth T-Shirt Size:	[S] [M] [L] or Adult T-Shirt Size: [S] [M] [I	L] [X			
How did you hea	ar about EAF's Afterschool Arts Acade	my?			
ADULTS AUTHO	PRIZED TO PICK UP STUDENT AND/OR	R BE CONTACTED IN CASE OF EMERGENCY			
Name:		Relation to Student:			
Address:		City/Zip:			
Home Phone:	Work:	Cell:			
Name:		Relation to Student:			
Address:		City/Zip:			
Home Phone:	Work:	Cell:			
AUTHORIZATIO	ON FOR EMERGENCY MEDICAL ATTE	NTION			
		y please contact physician and/or hospital/clinic below.			
	:				
		Phone:			
		City/Zip:			
Is your child covere	ed under any medical insurance policy? [ ] Yes	s [ ] No			
Insurance Co:					
Policy Holder's Na	me:	Policy #:			
[] In the event I can	nnot be reached to make arrangements for emo	ergency medical attention, I authorize EAF to take my child			
	ncy facility for any treatment necessary by the				
Parent's Signature:		Date:			





## 2023-2024 Afterschool Arts Academy Application

## SCHOLARSHIP CATEGORY QUALIFIER Check all that apply (Proof MUST be attached)

Foster Child Program	Boys and Girls Club	CDBG Qualified	Area (zip code)
Free/Reduced Lunch	Grandparent Raising Grandchild	Other	Race
Number in Household	Annual Household Income		Attach Copy of Driver's License
Please read each state	ment below, then sign and date.		
	hild to participate, be supervised, and tra s & Dance, to any event/activity, or in ca		
I give permission for my condition activities provided by EAF.	hild to participate in water activities such [] Yes [] No (Check one)	h as a splashing pad,	swimming pools, and other water
	hild to be photographed and/or recorded taken may be used for marketing and p		
	erstand my child is required to participating, from Afterschool Arts Academy. []		
Handbook given to me. I w its agents, employees, volume	eceived, read, and will comply with the aill not hold harmless Edison Arts Foundateers, or representatives liable for any il the Afterschool Arts Academy.	ation, Fort Bend Aca	demy of Arts and Dance, or any of
Parent's Signature		Date	
SPECIAL PROBLEM	IS/NEEDS/ACCOMMODATION	NS	
	eeds including: allergies, existing illness medication, dietary restrictions, etc		s illnesses, injuries, disabilities,
Please write N/A if none	apply		
Does your child have any l	imitations or require any special provis	sions/accommodatio	ns? [ ] Yes [ ] No
If yes, please explain;			