



*Edison  
Arts Foundation*

**\$75** weekly  
**Plus \$50**  
Registration

**FAMILY. COMMUNITY. ARTS.**

## 2023-2024 Afterschool Arts Academy Application

Student's Name \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Mom's wk \_\_\_\_\_ Dad's wk \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Youth T-Shirt Size: [S] [M] [L] or Adult T-Shirt Size: [S] [M] [L] [X]

How did you hear about EAF's Afterschool Arts Academy? \_\_\_\_\_

### ADULTS AUTHORIZED TO PICK UP STUDENT AND/OR 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: \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

My child has a regular physician. In the event of an emergency please contact physician and/or hospital/clinic below.

Name of Physician: \_\_\_\_\_

Clinic/Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Is your child covered under any medical insurance policy?  Yes  No

Insurance Co: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize EAF to take my child to the nearest emergency facility for any treatment necessary by the medical attendant(s).

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### 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 statement below, then sign and date.

**I give permission** for my child to participate, be supervised, and transported by EAF staff from school to EAF/FBAAD, Fort Bend Academy of Arts & Dance, to any event/activity, or in case of an emergency.  Yes  No (Check one)

**I give permission** for my child to participate in water activities such as a splashing pad, swimming pools, and other water activities provided by EAF.  Yes  No (Check one)

**I give permission** for my child to be photographed and/or recorded while participating in EAF's Afterschool Arts Academy. I understand that any media taken may be used for marketing and public awareness purposes.  Yes  No (Check one)

**I give permission** and understand my child is required to participate in EAF/FBAAD's Annual Spring Concert unless I formally withdraw, in writing, from Afterschool Arts Academy.  Yes  No (Check one)

I acknowledge that I have received, read, and will comply with the Afterschool Arts Academy policies found in the Parent Handbook given to me. I will not hold harmless Edison Arts Foundation, Fort Bend Academy of Arts and Dance, or any of its agents, employees, volunteers, or representatives liable for any illnesses contracted or injuries sustained by my child while a student at EAF and the Afterschool Arts Academy.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### SPECIAL PROBLEMS/NEEDS/ACCOMMODATIONS

Please list any problems/needs including: allergies, existing illnesses, previous serious illnesses, injuries, disabilities, hospitalization, continuous medication, dietary restrictions, etc...

Please write N/A if none apply \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any limitations or require any special provisions/accommodations?  Yes  No

If yes, please explain; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_