



*Edison
Arts Foundation*

\$75 weekly
Plus \$50
Registration

FAMILY. COMMUNITY. ARTS.

2024-2025 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
Proof of Income is required (Tax Return, Paycheck stub, W-2, etc.)**

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; _____
