



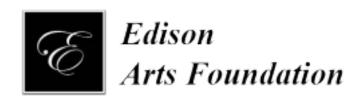


FAMILY. COMMUNITY. ARTS.

2025-2026 Afterschool Arts Academy Application

Student's Name							
		City					
Home	Mom's wk	n's wk Dad's wk					
Mom's Cell	Dad's Cell		Email				
Age DOB _	School			Grade			
Youth T-Shirt Size: [S] [I	M] [L] or Adult T-Shirt Size: [S	S] [M] [L] [XL]					
How did you hear about	out EAF's Afterschool Arts	Academy?					
ADULTS AUTHORIZI	ED TO PICK UP STUDENT A	AND/OR BE CONT	ACTED 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 FO	OR EMERGENCY MEDICAL	ATTENTION					
[] My child has a regular	physician. In the event of an en	nergency please conf	act physician and/or	hospital/clinic below.			
Name of Physician:				•			
		Phone:					
Address:		City/Zip:					
Is your child covered und	der any medical insurance policy	/? [] Yes [] No					
Insurance Co:							
			Policy #:				
[] In the event I cannot h	ne reached to make arrangements	s for emergency med	ical attention. Lauth	orize EAF to take, my child			
	cility for any treatment necessar			onzo Di il to take my emid			
and neurost emergency far	ome, for any treatment necessar	j oj ino modicai atte					
Darant's Signatura:			Doto				





2025-2026 Afterschool Arts Academy Application

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

Foster Child Program _	Boy	s and Girls Club	CDBG Quali	fied Area (zip code)
CHIP/Medicaid	IIP/Medicaid SSI Affordable Housin		ousing	Free/Reduced Lunch
Grandparent Raising Gr	andchild	Other	Race/Ethnicity	
Number in Household _ Proof of Scholarship Qu	An nalifier(s), Proo	nual Household Income f of Income is also requ	e ired (Tax Return, Pay	Attach Copy of Driver's License, vcheck stub, W-2, etc.)
Please read each sta	atement belo	w, then sign and da	ate.	
I give permission for m Arts Academy, to any e	•		1 ,	F staff from school to EAF's Afterschool ck one)
I give permission for mactivities provided by E			s such as a splashing J	pad, swimming pools, and other water
				ing in EAF's Afterschool Arts Academy. purposes. [] Yes [] No (Check one)
				school Arts Academy's closing . [] Yes [] No (Check one)
Handbook given to me.	I will not hold for representative	harmless Edison Arts F es liable for any illness	oundation, Afterschool	Academy policies found in the Parent ol Arts Academy, or any of its agents, les sustained by my child while a student
Parent's Signature				Date
SPECIAL PROBL	EMS/NEED	S/ACCOMMODAT	ΓIONS	
Please list any problem hospitalization, continu				erious illnesses, injuries, disabilities,
Please write N/A if no	ne apply			
Does your child have a	ny limitations o	or require any special p	provisions/accommod	dations? [] Yes [] No
If yes, please explain;				