



## After School Visual Arts & Theatre Program October 5, 2009-May 28, 2010 Registration Form

**Student Information:**

Name: \_\_\_\_\_ M / F \_\_\_\_\_ Age \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade entering in Fall 2009 \_\_\_\_\_

**Parent/ Guardian Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First Name  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Phone Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medications and /or allergies

Please provide insurance coverage information for your child

Company \_\_\_\_\_ Policy# \_\_\_\_\_ Group \_\_\_\_\_

Please list any person (s) authorized to pick up your child from camp

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

1. My child has permission to take field trips planned with the classes.
2. I understand that ArtSouth is not responsible for any personal items (i.e. clothing, games or money) my child brings to camp.
3. \*\* YES \_\_\_ NO \_\_\_ I hereby give permission to ArtSouth and all persons acting with its permission, the absolute right and unrestricted permission to obtain, use copyright, and/or publish photographic portraits or pictures of the above name registrant, whether such pictures are still, moving, single or multiple or in which the registrant is in whole or in part. It is my understanding that such pictures(s) are for the purpose of art, advertising, trade, and any other lawful purpose whatsoever. I understand further that I will not have any opportunity to approve or review the finished product that may be used in connection therein or the use to which it may be applied.
4. Authorization for Emergency Medical-Surgical Treatment I understand that in the event I cannot be reached, I hereby grant permission to the physician or hospital selected by the camp administration to secure proper treatment for, order injection, anesthetic, or perform surgery on my child. I hereby give permission or arrange necessary transportation to a hospital.

**Parent/Guardian Signature**

**Date**

Send this form to:  
Rosa Brito, Executive Director  
ArtSouth  
240 N. Krome Avenue  
Homestead, FL 33030  
Phone (305) 247-9406 FAX: (305) 247-7308  
www.artsouthhomestead.org  
info@artsouthhomestead.org

Registration Fee \$30 \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_  
Session(s) \$25/wk \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Full \_\_\_\_\_  
1) 10/5 2) 10/12 3) 10/19 4) 10/26 5) 11/2 6) 11/9 7) 11/16 8) 11/23  
9) 11/30 10) 12/7 11) 12/14 12) 1/4 13) 1/11 14) 1/18 15) 1/25 16) 2/1  
17) 2/8 18) 2/15 19) 2/22 20) 3/1 21) 3/8 22) 3/15 23) 3/22 24) 3/29  
25) 4/5 26) 4/12 27) 4/19 28) 4/26 29) 5/3 30) 5/10 31) 5/17 32) 5/24

Some sessions may be cancelled, parents will be advised accordingly.  
October 5, 2009 - May 28, 2010 \*\* Monday—Friday 4 PM to 6PM

## After School 2009-2010 Scholarship Application Form

ArtSouth's After School Visual and Performing Arts Program begins on October 5th, 2009. We are proud to offer this unique after school program to the community, where children ages 9-18 are engaged in hands-on Visual and Performing Arts.

In order to make the program more accessible to all of Miami Dade's children, we offer scholarships to families for whom the weekly fees present a financial burden.

To apply for an after school scholarship, please fill out the information requested on this form. Please fill out a separate form for each child that you are requesting a scholarship for. We will do everything possible to place your child in the afterschool program.

### **Please provide with your application:**

**Provide a letter written by you or your child, telling us what it is about the program that sparks his/her interest.**

**Proof of income, such as a copy of your W-2 form a copy of your most recent tax return.**

or

**A copy of your child's free or reduced lunch form from his/her home school.**

or

**A copy of government assistance you may receive such as WIC.**

**For more information, please call 305 247-9406**

**Send your application to:**

**Rosa Brito, Executive Director  
ArtSouth  
240 N. Krome Avenue  
Homestead, FL 33030-6019  
Or Fax to 305 247-7308**

**I am applying for fee adjustment. I have attached the Financial Aid documentation to this application.**

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**Signature**