



# Artes de la Rosa

Cultural Center for the Arts

## YOUTH EDUCATION PROGRAM



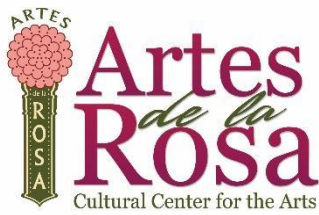
Artes Academy is a youth cultural program in fine arts education specializing in theatre, dance, music, creative writing and visual arts for children in 3rd to 12th grades.

The program's mission is to provide affordable youth cultural programming that builds and cultivates character development, life skills, literature and STEAM (Science, Technology, Engineering, Arts, Mathematics) initiatives that are necessary for our young people to engage as contributing members to society and our community through practical training in fine arts education.

Some skills that students develop or enhance include self-confidence, memorization, collaboration, social, critical thinking, problem solving, communication and leadership.

## 2020 FALL SESSION REGISTRATION FORM

Artes de la Rosa does not discriminate in any manner within its educational programs or activities contrary to law or justice on the basis of race, ethnicity, color, gender, sex, sexual orientation, age, religion, disability, veteran status or national origin.



## Program Information



### **REGISTRATION DATES:**

***\*ONGOING: first come first served (limited space due to comply with COVID-19 procedures and guidelines)***

***\*students will be waitlisted and notified should we hit max occupancy***

### **MANDATORY PARENT ORIENTATION:**

Wednesday, August 26<sup>th</sup>: 6:00pm - 7:00pm | ZOOM Meeting

### **FALL 12 WEEK CLASSES:**

August 31<sup>st</sup> – November 19<sup>th</sup> | 5:00pm-7:00pm | M-THU

### **PRODUCTION AND/OR SHOWCASE:**

November 20<sup>th</sup> & 21<sup>st</sup> | Time: TBD

*\*May be onsite or digital.*

### **MONDAY & WEDNESDAY CLASSES**

DANCE & TECHNOLOGY/DIGITAL ART

### **TUESDAY & THURSDAY CLASSES**

THEATRE/CREATIVE WRITING & VISUAL ART

### **FACULTY MEMBERS**

SARA HERREA (DANCE)

COBLY CHAPA (TECHNOLOGY/DIGITAL ART)

SIDNEY REY ALLEN (TECHNOLOGY/DIGITAL ART)

ROB BOSQUEZ (THEATRE & CREATIVE WRITING)

JENAE BEAN (VISUAL ART)

JUAN VELAZQUEZ (VISUAL ART)

**GRADES 3<sup>rd</sup> – 12<sup>TH</sup> (Ages 8 – 18)**



2020 FALL SESSION
REGISTRATION PACKET



Complete all information below and submit payment by cash, check (payable to: ADLR) or credit card.

[ ] NEW STUDENT [ ] RETURNING STUDENT/Year \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

GRADE: \_\_\_ Male: \_\_\_ Female: \_\_\_ SCHOOL NAME: \_\_\_\_\_ DISTRICT NAME: \_\_\_\_\_

FEE:

[ ] \$195 fee per student for 2 classes. [ ] \$97.50 fee per student for 1 class.

\$0 fee for qualified students/families (Needs-based scholarships available.)

[ ] Mark box if applying for scholarship.

\*\*\*Payment must be included to complete registration process.\*\*\*

Please check desired class or classes:

- [ ] DANCE CLASS: MONDAY & WEDNESDAY 5:00pm – 7:00pm
[ ] TECHNOLOGY/DIGITAL ART CLASS: MONDAY & WEDNESDAY 5:00pm – 7:00pm
[ ] THEATRE/CREATIVE WRITING CLASS: TUESDAY & THURSDAY 5:00pm - 7:00pm
[ ] VISUAL ART CLASS: TUESDAY & THURSDAY 5:00pm - 7:00pm

For more information contact: Sara Herrera at 817.624.8333 or sara.herrera@artedelarosa.org

\*\*\*\*\*FOR OFFICE USE\*\*\*\*\*

Approved Scholarship: [ ] Yes [ ] No Approval Date: \_\_\_\_\_

Form of payment: [ ] cash, [ ] credit, [ ] check # \_\_\_\_\_ Payment Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Payment Received by: \_\_\_\_\_



## PARENT CONSENT FORM



\_\_\_\_\_ has permission to participate in Artes de la Rosa - Artes Academy program.

(Student Name)

**My child will abide by the following rules while participating in ADLR's award-winning youth program:**

- Be on time to class
- Follow directions
- Participate and engage in all activities
- No cell phones (cell phones will be kept in a secure area until end of class)
- Respect themselves, teachers & classmates
- No parents allowed in facility during class sessions
- Insubordination and any unruly behavior will **not** be tolerated. After the second reprimand, a parent/teacher conference will be held to discuss discipline. After the third reprimand, the student will be ejected from the program. Immediate removal may occur in situations specific to the safety of students and instructors.
- Any damage to furniture/facility will be billed to parent/guardian of child
- No leaving premises during class session
- Attendance to every class session is mandatory (please speak with instructors if you have to miss class)

In granting this permission, I assume full responsibility for any damage to person or property caused by my child. Further, I hereby expressly waive any claim for liability against Artes de la Rosa including its employees and representatives. I further expressly agree that in a disciplinary action, at the discretion of the teacher(s), my child may be returned home at my expense or will be asked to leave the program.

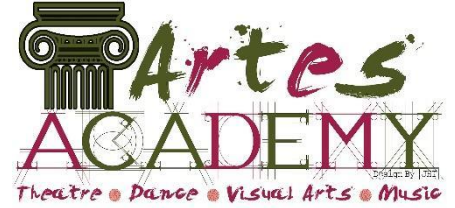
\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date



## Media Release Form



Dear Parent or Guardian,

This permission slip will be kept on file by Artes de la Rosa (ADLR).

Parent/Guardian Permission Slip  
For Student Contact with News Media

\_\_\_\_\_  
(Student Name)

Artes de la Rosa  
(Name of Organization)

has my permission to be photographed or recorded by:

- 1) ADLR staff, its representatives, and/or
- 2) News and Social media (i.e. organization website, television, newspapers, radio, magazines, Facebook, Twitter, Instagram) in conjunction with programs associated with ADLR.

I understand ADLR pictures may be reproduced, copyrighted, broadcasted, telecasted/cablecasted, and webcasted published or used in materials which are distributed to the public.

I certify that I am the parent or legal guardian of the above-mentioned individual and am authorized to give permission and consent.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# EMERGENCY AND EARLY DISMISSAL INFORMATION



Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name	Relationship to Child	Address	Phone #

**PEDIATRICIAN OR HEALTH CARE SOURCE**

Doctor's Name	Address	Phone #

**EMERGENCY CONTACT PERSON(S)**

Name	Relationship to Child	Address	Phone #

DOES STUDENT HAVE ANY ALLERGIES? If so, what are they:

**MEDICAL EMERGENCY TREATMENT**

I hereby give Artes de la Rosa/Artes Academy permission to administer basic first aid/or CPR to my child \_\_\_\_\_ and/or contact emergency professionals for my child \_\_\_\_\_, for medical  
 (Student Name) (Student Name)  
 treatment when I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**INSURANCE INFORMATION (OPTIONAL)**

Company Name	Policy #	Special Instructions

**EARLY DISMISSAL INFORMATION**

Name	Relationship to Child	Address	Phone #



City of Fort Worth

CERTIFICATION OF INCOME STATEMENT



Applicant (Parent) Name: \_\_\_\_\_
Current Address: \_\_\_\_\_ Phone #: \_\_\_\_\_
City and Zip: \_\_\_\_\_
Name of Child to Receive CDBG Assistance: \_\_\_\_\_

Household Members and Income
(including child beneficiary And applicant)

Table with 5 columns: Last Name, First Name, Age, Monthly Income \$\$, Source of Income. Multiple empty rows for data entry.

TOTAL NUMBER OF FAMILY MEMBERS \_\_\_\_\_ (Include Yourself, Spouse, Children, etc.)

Total Gross Annual Household Income: \_\_\_\_\_

CHILD BENEFICIARY INFORMATION: (Check one in each item. This Information is Required for Federal Reporting Purposes)

- a. MALE/FEMALE, b. RACE categories, c. ETHNICITY, d. DISABLED, e. IS HEAD OF HOUSEHOLD FEMALE? with checkboxes.

Certification: I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

-----For use by Agency staff only-----

Household Size: \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_
Applicable Income Limit: \_\_\_\_\_ Is Applicant Eligible? \_\_\_\_\_
Check if Applicant refused to provide demographic information or if information is incorrect: [ ]
Staff Assessment of Demographics: \_\_\_\_\_
Person Making Determination: \_\_\_\_\_ Date: \_\_\_\_\_
NOTE: Address, income amounts and sources for ALL household members are required.