

Youth After-School Arts Program



Artes Academy is our 12-week after-school arts education program. We offer theatre arts, dance and visual arts for youths 3rd to 12th grades. Artes Academy is **FREE** to families that qualify. We provide quality, affordable

instruction. Through art we help our students develop self-confidence, and the communication and leadership skills necessary to become productive member of our community.





Registration Packet

Please 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:

\$65 fee per student per class (*\$130 maximum payment per 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 5:30pm – 7:00pm

THEATRE/CREATIVE WRITING CLASSES: TUESDAY & THURSDAY 5:30pm - 7:00pm

ART CLASS: TUESDAY & THURSDAY 5:30pm - 7:00pm

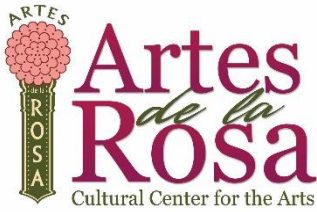
*******FOR OFFICE USE*******

Approved Scholarship: Yes No Approval Date: _____

Form of payment: cash, credit, check # _____ Payment Date: _____

Amount: _____ Payment Received by: _____

For more information contact: Dora Salazar at 817.624.8333 or artes.academy@artesarosa.org



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:

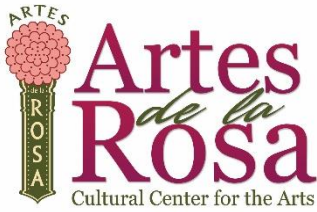
- Be on time to class
- Follow directions
- Participate and engage in all activities
- No cell phones (cell phones will be kept in a secure area until end of class)
- Respect themselves, teachers & classmates
- No parents allowed in facility during class sessions
- Insubordination and any unruly behavior 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



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 #



MEDIA CONSENT AND RELEASE FORM FOR ARTES ACADEMY STUDENTS

Parent/Guardian Consent Form

(Student Name)

The above named student, when performing for or involved in activities with Artes de la Rosa, Artes Academy, has my permission to be photographed or video 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, etc.) in conjunction with programming associated with ADLR.

I understand ADLR may reproduce and use the above mentioned media for broadcast, telecast, webcast/streaming, and publish in print, optical or digital format and use such materials in promotion and marketing of ADLR programming and mission in perpetuity. I waive all and any right to inspect and approve the finished product or copy that may be used or the use to which it may be applied to.

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

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



Non-Discrimination Policy

In accordance with Federal civil rights law, Artes de la Rosa does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, sexual orientation, familial status, age, national origin (ancestry), genetic information, physical or mental disability, marital status, or military status, source of income, or any other arbitrary personal characteristic in any of its activities or operations.

If you believe you have been discriminated against or treated unfairly in the application process, you may contact us in writing:

Artes de la Rosa, Board of Directors
Attn: Secretary
1440 N Main St
Fort Worth, TX 76164

Individuals who believe they have been discriminated against also have the right to file a complaint with the U.S. Department of Housing and Urban Development (HUD). These individuals should send a letter specifying their complaint to the following address:

Assistant Secretary for Fair Housing and Equal Opportunity
U.S. Department of Housing and Urban Development
451 Seventh St, S.W., Room 5100
Washington, D.C. 20410

Additional Protection for Individuals with Disabilities

This Organization follows the requirements of Section 504 of the Rehabilitation Act of 1973 and does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in our federally assisted programs and activities.

The Organization will seek to effectively communicate with applicants, residents, and members of the public who are individuals with handicaps or disabilities. The use of auxiliary aides, such as readers, interpreters, large print documents, or recordings, will be implemented when necessary. The Organization asks for three (3) business days' notice if you require us to provide any auxiliary aids to ensure effective communication in any meeting, interview or appointment.

To reach us through TDD, please call Relay Texas TDD at (800) 735-2988 or by TTY at (800) 735- 2989.

This organization also allows Reasonable Accommodations and Modifications when requested by persons with disabilities to enable equal opportunity to participate in our program or have access to activities sponsored by this Organization in accordance with the Reasonable Accommodation Policy.

Reasonable Accommodation Policy

The Organization is committed to making the program readily accessible and usable by individuals with disabilities. We will consider any request by or on behalf of a disabled applicant for a reasonable accommodation requesting a change in its rules and/or policies. Requests should be made in writing; the Managing Director will assist the person making the request and provide the necessary information.

Additional Protection for Individuals with Limited English Proficiency

Executive Order 13166 requires all recipients of federal funds to take reasonable steps to ensure that persons with limited English proficiency (LEP persons) have meaningful access to federal programs and activities. In response to this executive order, this Organization has created a Language Access Plan which details the steps taken to ensure meaningful access including but not limited to providing for oral translation services for applicants who need language assistance.



T-Shirt Order Form

Super soft jersey knit Black T shirt, featuring Artes Academy logo. All proceeds benefit Artes Academy. To order your shirts, complete the form below and send it with your payment (Cash, Checks made to Artes de la Rosa, CC) to:

Artes de la Rosa, Artes Academy
 1440 North Main Street
 Fort Worth Texas 76164
 817-624-8333

ArtesAcademy@ArtesDeLaRosa.org

Youth Shirt's - \$10; 2XL/3XL - \$13 / Adults Shirt's - \$15; 2XL/3XL - \$18

	Youth Quantity	Adult Quantity	Youth	Adult	Total
Small			\$10.00	\$15.00	
Medium			\$10.00	\$15.00	
Large			\$10.00	\$15.00	
X-Large			\$10.00	\$15.00	
XX-Large			\$13.00	\$18.00	
XXX-Large			\$13.00	\$18.00	
Total Number Shirts =				Total Cost =	

Required Payee Information

 Name Address

 City Zip

() - _____
 Telephone E-mail:

If paying by credit card, circle one: Mastercard VISA Discover Am Ex

 Card Number Ex. Date: CVV

 Signature Cardholder Telephone



Dance Shoes Order Form

Shoe scholarships are available for qualifying Students. To order your shoes, complete the form below and send it with your payment (Cash, Checks made to Artes de la Rosa, CC) to:

Artes de la Rosa, Artes Academy
 1440 North Main Street
 Fort Worth Texas 76164
 817-624-8333

ArtesAcademy@ArtesDeLaRosa.org

Shoe Size	Quantity	Price	Total
		\$20 (if applicable)	
Total Number Shoes =		Total Cost =	

Required Payee Information

_____/_____ / _____
 Name Address

_____/_____
 City Zip

() - _____ / _____
 Telephone E-mail:

If paying by credit card, circle one: Mastercard VISA Discover Am Ex

_____/_____/_____
 Card Number Ex. Date: CVV

_____/_____/_____
 Signature Cardholder Telephone