



SCHOOL YEAR 2018 – 2019: **ARTS ENRICHMENT PROGRAMS APPLICATION**

PROGRAM SELECTION
<i>I would like to participate in the following session(s):</i> <input type="checkbox"/> Fall Session <input type="checkbox"/> Spring Session
Please check the program(s)* that you are applying to:  <b>Music Clubhouse</b> [ages: 8-18] ( <i>check which lesson(s) you are interested in</i> ) <input type="checkbox"/> Drum Lessons <input type="checkbox"/> Voice Lessons <input type="checkbox"/> Guitar/Bass Lessons <input type="checkbox"/> Piano Lessons  <i>*Please note that there is a <b>\$25 enrollment fee</b> for <u>each</u> session.</i>

PARTICIPANT INFORMATION		
First Name:	Last Name:	
Date of Birth:	Age:	Gender:
Street Address:		Apt. Number:
City:		Zip Code:
Neighborhood:  <input type="checkbox"/> Jamaica Plain <input type="checkbox"/> Roxbury <input type="checkbox"/> Mattapan <input type="checkbox"/> Dorchester <input type="checkbox"/> Roslindale <input type="checkbox"/> West Roxbury <input type="checkbox"/> South Boston <input type="checkbox"/> South End <input type="checkbox"/> Hyde Park <input type="checkbox"/> Other _____		
Home Phone Number:		Cell Phone Number:
Email Address:		
Race (Check all that apply):  <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other _____		
Ethnicity:		Country of Birth:
Primary language spoken at home: <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Other _____  Other language(s) spoken at home: <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Other _____		

Do you live with:  Both Parents  Single Parent  Guardian(s)  Other

If other: \_\_\_\_\_

Please select your **household size** and select *one* of the three **income** options below.

*Please note, your selected income bracket should be on the same line as your household size.*

Household Size	Income Bracket 1	Income Bracket 2	Income Bracket 3
<input type="checkbox"/> 1 Person	\$0 to \$20,650	\$20,651 to \$34,350	\$34,351 to \$51,150
<input type="checkbox"/> 2 Persons	\$0 to \$23,600	\$23,601 to \$39,250	\$39,251 to \$58,450
<input type="checkbox"/> 3 Persons	\$0 to \$26,550	\$26,551 to \$44,150	\$44,151 to \$65,750
<input type="checkbox"/> 4 Persons	\$0 to \$29,450	\$29,451 to \$49,050	\$49,051 to \$73,050
<input type="checkbox"/> 5 Persons	\$0 to \$31,850	\$31,851 to \$53,000	\$53,001 to \$78,900
<input type="checkbox"/> 6 Persons	\$0 to \$34,200	\$34,201 to \$56,900	\$56,901 to \$84,750
<input type="checkbox"/> 7 Persons	\$0 to \$36,730	\$36,731 to \$60,850	\$60,851 to \$90,600
<input type="checkbox"/> 8 Persons or more	\$0 to \$40,890	\$40,891 to \$64,750	\$64,751 to \$96,450

If your selected household generates an income *outside* of Income Brackets 1, 2, and 3, please select a household size **and** provide your income here: \_\_\_\_\_

Housing:

Rent  Own  Shelter  Foster Home  Other \_\_\_\_\_

If you rent do any of these apply to you:

Section 8 (Subsidized Housing)  Public Housing, if so which \_\_\_\_\_

Does your family receive any public assistance?

Food Stamps  Child Support  Welfare  AFDC  SSI/SSDI  TANF  Other  No

What school do you currently attend? \_\_\_\_\_

What grade are you in? \_\_\_\_\_

How did you hear about the Hyde Square Task Force?

Family  Friend  School  Social Media  Event  Flyer  Other \_\_\_\_\_

Please elaborate \_\_\_\_\_

Have you previously enrolled in Hyde Square Task Force?  Yes  No

If yes, which program: \_\_\_\_\_

**PARENT / GUARDIAN 1 INFORMATION**

Parent/Guardian Name: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Address:

Home Phone Number:

Cell Phone Number:

Email Address:

Parent/Guardian Country of Birth:

Employment Status:

 Employed    Self-employed or business owner    Unemployed

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone Number:

Please describe your highest education level.

High school graduate:  Yes    NoSome college:  Yes    NoCollege graduate:  Yes    NoContinued Education:  Yes    No

Other: \_\_\_\_\_

**PARENT / GUARDIAN 2 INFORMATION**

Parent/Guardian Name: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Address:

Home Phone Number:

Cell Phone Number:

Email Address:

Parent/Guardian Country of Birth:

Employment Status:

 Employed    Self-employed or business owner    Unemployed

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Please describe your highest education level.

High school graduate:  Yes  No

Some college:  Yes  No

College graduate:  Yes  No

Continued Education:  Yes  No

Other: \_\_\_\_\_

<b>EMERGENCY CONTACT INFORMATION</b>	
<b>Emergency Contact 1</b>	
First Name:	Last Name:
Relationship to Youth:	Telephone Number:
<b>Emergency Contact 2</b>	
First Name:	Last Name:
Relationship to Youth:	Telephone Number:

<b>MEDICAL INFORMATION</b>
<p>Do you have medical coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the following:</p> <p>Insurance Policy (Name): _____ Policy # _____</p> <p><b>PLEASE CHECK ALL THAT APPLY:</b></p> <p>Does your child/teen have any of the following:</p> <p>Allergies: <input type="checkbox"/> Food _____ <input type="checkbox"/> Environment _____ <input type="checkbox"/> Medical _____</p> <p>Does your child/teen have any physical difficulties?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe: _____</p>

Is your child/teen on any medications?  
 Yes  No  
 If yes, please describe: \_\_\_\_\_

Is your child/teen on an IEP?  
 Yes  No  
 If yes, please describe: \_\_\_\_\_

Is your child/teen on a 504 plan?  
 Yes  No  
 If yes, please describe: \_\_\_\_\_

Does your child/teen have any emotional/behavioral challenges?  
 Yes  No  
 If yes, please describe: \_\_\_\_\_

Any learning challenges?  
 Yes  No  
 If yes, please describe: \_\_\_\_\_

Does your child/teen have a mental health diagnosis?  
 Yes  No  
 If yes, please describe: \_\_\_\_\_

I hereby give Hyde Square Task Force permission to administer basic First Aid and/or CPR and/or take my child to a hospital and secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

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

The information provided on this form is true and accurate to the best of my knowledge and I give permission for my son/daughter to participate in Hyde Square Task Force programs and activities.

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

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Photo/Video Consent and Release Form

Promotional Release:  Yes  No

I hereby give permission for Hyde Square Task Force to use any photographs, film, or video taken of my child during the course of his or her participation in Hyde Square Task Force programming for educational and/or publicity purposes only. I understand that my child and/or any other identifying information may be used in accounts of Hyde Square Task Force programs, including newspaper and magazine articles, website and other internet materials, television, and other presentations or publications concerning the programs.

I understand and acknowledge that my consent to the use of the above information is purely voluntary and is not required by Hyde Square Task Force as a condition of my child's participation in Hyde Square Task Force programming. I knowingly and voluntarily release and hold harmless Hyde Square Task Force, its agents and employees from any liability of any kind resulting from use of the information as set forth above. This release and waiver of liability is binding upon my successors, heirs and assigns.

Participant's Name (please print) \_\_\_\_\_

Parent/Guardian's Name (please print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Drop Off Application:**

Hyde Square Task Force  
Youth Community Development Center  
30 Sunnyside Street, Jamaica Plain, MA 02130  
*(Located behind the Blessed Sacrament Church building at  
361 Centre Street, Jamaica Plain, MA 02130)*

**Mail Application:**

Hyde Square Task Force  
PO BOX 301871, Jamaica Plain, MA 02130\*

*\*please **DO NOT** mail your application to 361 Centre Street.*

For more information call 617-524-8303 or visit our website at  
[www.HydeSquare.org](http://www.HydeSquare.org)