



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

|   |
|---|
| <b>PROGRAM SELECTION</b>  |
| <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:<br><br><b>Music Clubhouse</b> [ages: 8-18] ( <i>check which lesson(s) you are interested in</i> )<br><input type="checkbox"/> Drum Lessons <input type="checkbox"/> Voice Lessons <input type="checkbox"/> Guitar/Bass Lessons <input type="checkbox"/> Piano Lessons<br><br><i>*Please note that there is a <b>\$25 enrollment fee</b> for <u>each</u> session.</i> |

|   |      |                    |              |
|---|------|--------------------|--------------|
| <b>PARTICIPANT INFORMATION</b>  |      |                    |              |
| First Name:   |      | Last Name:         |              |
| Date of Birth:  | Age: | Gender:            |              |
| Street Address:   |      |                    | Apt. Number: |
| City:   |      |                    | Zip Code:    |
| Home Phone Number:  |      | Cell Phone Number: |              |
| Email Address:  |      |                    |              |
| Race (Check all that apply):<br><input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ |      |                    |              |
| Ethnicity:  |      | Country of Birth:  |              |

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: \_\_\_\_\_

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

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

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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:<br><input type="checkbox"/> Employed <input type="checkbox"/> Self-employed or business owner <input type="checkbox"/> Unemployed   |                          |
| Occupation: _____ Employer: _____  |                          |
| Work Phone Number: _____   |                          |
| Please describe your highest education level.<br><br>High school graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Some college: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>College graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Continued Education: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Other: _____ |                          |

| EMERGENCY CONTACT INFORMATION |                   |
|-------------------------------|-------------------|
| Emergency Contact 1           |                   |
| First Name:                   | Last Name:        |
| Relationship to Youth:        | Telephone Number: |
| Emergency Contact 2           |                   |
| First Name:                   | Last Name:        |
| Relationship to Youth:        | Telephone Number: |

| MEDICAL INFORMATION  |
|--|
| <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> <p>Is your child/teen on any medications?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe: _____</p> <p>Is your child/teen on an IEP?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe: _____</p> <p>Is your child/teen on a 504 plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe: _____</p> <p>Does your child/teen have any emotional/behavioral challenges?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe: _____</p> |

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  
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)