

The Arts Center Spring 2019 Class Registration Form

Date: _____

Employee: _____

Student Information: New Returning Referred by: _____

Student _____ Gender _____ Age _____ DOB _____ Grade _____

Parents'/Guardians' Name(s) Dr./Mr./Mrs./Ms. _____

Best Phone () _____ - _____ Alt Phone () _____ - _____

Address _____ City _____ State _____ Zip _____

Email _____

Father's Employer _____ Employer's Phone _____

Mother's Employer _____ Employer's Phone _____

Emergency Contact Information: Check if same as above

Name _____ Relationship to Student _____

Best Phone () _____ - _____ Alt Phone () _____ - _____

Address _____ City _____ State _____ Zip _____

***** Both pages of this form MUST be signed before your child can be allowed to attend class. *****

<p>The Foundation of Arts ("the FOA") assumes no liability for possible accident or injury. To the fullest extent allowed by law, I hereby agree to indemnify and hold harmless the FOA, its affiliated and associated agencies and enterprises, and their agents, officers, directors, and employees for any liability, loss, costs, claims, expenses, including attorneys' fees, arising from the performance/event, regardless of negligence attributable to the FOA, its agents or employees.</p> <p>_____ Parent/Guardian Signature</p>	<p style="text-align: center;">Permission for Print Media Release</p> <p><input type="checkbox"/> I give permission for my child to be included in any above-stated print media coverage.</p> <p><input type="checkbox"/> I DO NOT give permission for my child to be included in any above-stated print media coverage.</p>	<p>Medical conditions such as allergies, asthma, or injury?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please describe:</p>
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<p>Please complete and list your class selection by class number & cost of tuition below:</p> <p>Class# _____ Cost \$ _____</p> <p>Class# _____ Cost \$ _____</p> <p>Class# _____ Cost \$ _____</p> <p>Class# _____ Cost \$ _____</p> <p>Class# _____ Cost \$ _____</p> <p>Class# _____ Cost \$ _____</p> <p>Class total before discounts:</p> <p>\$ _____</p> <p>Fees:</p> <p><input type="checkbox"/> Spring Showcase Dance (\$35)</p> <p><input type="checkbox"/> Spring Showcase Drama (\$25)</p> <p><input type="checkbox"/> Art Supply Fee & Shirt (\$25)</p> <p>Total Fees \$ _____</p> <p>Total Due \$ _____</p>	<p style="text-align: center;">FOR OFFICE USE ONLY:</p> <p><input type="checkbox"/> If registering by phone, Parent or Guardian was told to sign this form before the student attends</p> <p>Do we, The FOA, have permission to process this credit card: Y N</p> <p>Are you the cardholder: Y N</p> <p>Cardholder's Name: _____</p> <p>Payment Information:</p> <p>Payer Name: _____</p> <p><input type="checkbox"/> Charge Full Amount</p> <p><input type="checkbox"/> Installment Form Completed (Must have voided check) 1/4 of semester total must be paid in addition to any fees at time of registration.</p> <p><input type="checkbox"/> Applied for Tuition Waiver</p> <p><input type="checkbox"/> Cash \$ _____</p> <p><input type="checkbox"/> Check \$ _____ # _____</p> <p><input type="checkbox"/> Credit Card \$ _____</p> <p># _____</p> <p>exp. date ____/____/____ cid _____</p> <p style="text-align: center;">QB P</p> <p style="text-align: center;">Tuition Waiver recipients are not eligible for additional discounts.</p>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>Discounts:</p> <p><i>Discounts can not be stacked. Only the highest discount you qualify for will be applied.</i></p> <p><input type="checkbox"/> 3% (Paid in Full)</p> <p><input type="checkbox"/> 10% (3+, Multiple class)</p> <p><input type="checkbox"/> 20% (New, R.A.)</p> <p>Total after discounts:</p> <p>\$ _____</p> </div>
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Parent, Student, or Volunteer Pledge/Grievance Procedure

Specifically, the procedures to follow if you as a volunteer, parent, or your student have concerns about FOA policies or actions, are, in this order:

1. The student or cast member should speak to or meet with the person directly in authority about the matter, i.e. if the matter is regarding policies and procedures that happen during a show's production, speak to the person in authority who is in charge of that particular decision or event, or the person in authority *who was present* at the time of the incident. If the matter remains unresolved, or if the student or cast member has a reasonable concern that speaking to that person will not resolve the matter,
2. After a 24-hour reflective period, if still necessary, the parent should speak to or meet with the person directly in authority about the matter, i.e. as stated in number 1. Parents and/or students or cast members are expected to email the person in authority to set a meeting. Do not call or text the person in authority after 9 pm, and employees are instructed not to return texts or phone calls after that time. Meetings are to be at times and locations other than just before or during rehearsals, cast meetings, classes, or shows. If a parent approaches a director or member of the artistic crew or a teacher during a rehearsal, cast meeting, class or show, we have instructed those employees of the FOA to refuse to discuss any controversial matter, and to walk away from the parent. The recommended time for a parent and/or student or cast member to talk to a person in authority about a problem is a previously arranged meeting time possibly after a scheduled rehearsal or class.
3. After Step 1 and 2 have been attempted, the parent may speak to the Artistic Director and request a meeting with the FOA employee in question, the parent, and the Artistic Director. In certain situations, we may ask the student or cast member to attend the meeting, also. Meetings should be previously arranged by email. Meetings will be scheduled at times convenient for all concerned. The Artistic Director and/or the Production Director will not engage in discussions about casting.
4. *At no time should parents, students, or cast members who are taking part in FOA programming engage in public commentary (social media, public print, etc) - either directly or indirectly, either explicit or implicit - that expresses negative opinions about people in authority or others involved at the FOA.* It is in such poor taste and inappropriate, that the offending members will be asked to leave the programming. This is a "first-offense", non-negotiable advisement. No one should participate in voluntary activities at the FOA who is also participating in public, negative, jargon about the FOA at the same time.
5. It is inappropriate for a cast member or student or parent to approach other cast members, students, or parents about a problem they are having with an FOA employee in authority, about objections to artistic, teaching, or administrative decisions. Asking a third party to take sides in an issue is unfair to the less-involved person and the FOA. Arts classes where advancing to higher learning-levels and theatre productions where a cast is chosen, by their very nature, create situations where everyone may not be happy all the time. For the psychological health of the casts, classes, and the FOA as a whole, grievances should be handled between the parties involved and, then, if absolutely necessary, the Artistic Director. At no time should an adult speak to a minor who is not their child about their adequacy for a role in which they have been cast, or give them any critique other than what is complimentary. This communication is reserved for the Director of the production only.
6. Parents and students sending/posting lewd, violent or unsavory content, whether that be on social media (Facebook, Twitter, YouTube, Snapchat, etc) or via text message or phone call, will be asked to leave the program or event they are taking part in. This is a "first-offense", non-negotiable advisement.

If I act in a way that demonstrates that I am not in agreement with the above statements, I realize that I will be asked to resign my family's participation in the FOA programming in which we are participating.

Participant's Signature _____ Parent's Signature _____

Application for Waiver of Tuition-Spring 2019

Submission Deadline: January 11, 2019

Due to the availability of our Tuition Waiver Committee members and staff, late or incomplete applications will not be accepted or considered for any reason.

This application must be filled out entirely; because of federal regulations, blank lines and unanswered questions will cause your application to be delayed or possibly even rejected.

Eligibility guidelines: (PLEASE READ BEFORE COMPLETING FORM)

- Full waiver of tuition cannot be granted for more than 2 classes per person
- Partial waiver of tuition may or may not be granted beyond 2 classes.
- Students teaching/working for other dance studios are welcome to enroll in classes with the FOA, however they cannot be considered for tuition waiver.
- Considerations are:
 1. Household income and reporting on household income,
 2. Skill level requirements,
 3. Additional extracurricular activities for which the household pays,
 4. History of remaining balances, either financial or work study,
 5. Past class attendance of student,
 6. Number of children in the household taking classes,
 7. Completion of entire Tuition Waiver Packet before deadline.

Applicants with a professionally-diagnosed physical, emotional, or mental handicap are eligible for waiver of tuition, regardless of family income.

“A Check of Good Faith” Policy:

Effective August 2009

At the initial mandatory work study meeting on **January 18, 2019 at 5:30pm**. The Education Program Manager and/or the Office Manager will collect a post-dated check from each work study family for the entire amount of their semester total.

We will NOT cash the check immediately. It will be placed in a very secure location.

Families who do not attend the meeting or do not turn in a check will immediately be removed from the Tuition Waiver program and be billed for the semester in its entirety.

As soon as each family’s balance is cleared through hours worked, we will return their check to them by mail.

If a family does not work off all of their hours or pay the balance by May 31, 2019, we will be forced to cash the check. Any overpayments that result from cashing your check can be refunded back to you either by writing a check for the difference or as a credit towards future classes. If the check is returned for insufficient funds, we will turn the remaining balance over to collections.

I have read and understand the “Check of Good Faith Policy.”

Signature _____ Printed Name _____ Date _____

I do not have a checking account. I do not have a credit card or debit card.

I understand that my balance will go to a collections agency if I do not work off my hours by May 31, 2019.

Signature _____ Printed Name _____ Date _____

Student(s) Name: _____

Parent or Legal Guardian Information

Parent(s) _____ (mother) _____ (father)

or

Guardian(s) _____ Relationship to Child _____

Best Phone _____ * Work _____ * Alternate Phone _____ *

Email address _____

Employer of Mother _____

Phone Number: _____

Employer of Father _____

Phone Number: _____

(At least two phone numbers must be provided for Tuition Waiver consideration.)*

Mailing Address

Street City State Zip Code

Household Information

Number of persons in the home _____ Is Parent/Guardian a full-time college student? Yes / No

Number of employed persons in the home _____

Annual household income:

	<u>less than \$30,000</u>
	<u>\$30,000 to \$40,000</u>
	<u>\$40,000 to \$50,000</u>
	<u>\$50,000 to \$60,000</u>
	<u>\$60,000 to \$70,000</u>
	<u>\$70,000 to \$80,000</u>
	<u>\$80,000 to \$100,000</u>
	<u>\$100,000+</u>

Tax Return reflecting total household income must be submitted with Tuition Waiver Application.

Failing to submit proof of total household income will result in rejection of your application.

A paycheck stub does not give sufficient information to grant assistance and cannot be accepted as proof of income.

Approximate amount of income gifted from friends or extended family members _____

Is the child eligible to receive free or reduced lunch at school? Yes / No

Describe any special financial circumstances to be considered (check all that apply):

- Recent extreme cut in household income, please explain: _____

- Medical bills/medical issue
- Unexpected circumstance or additional household members
- Please explain anything else in adequate detail:
- My child wishes to participate in more classes than what is required for their level, or, my child wishes to participate in more than 2 classes per week
- Our annual household income is more than \$80,000, however, I would like to explain why I am still applying for Tuition

Waiver: _____

Work Study Program: As part of the Tuition Waiver program, qualifying families are eligible to complete 1 hour of work for The FOA for \$10.00 toward their semester bill. For example, if a family's semester total is \$120.00, 12 hours of work study may be granted to alleviate tuition costs.

In some cases, partial work study and partial scholarships may be granted.

If your family is unable or unwilling to participate in the Work Study program, please indicate your reasons in the space that follows.

Work Study Applicant Information

Name of the person(s) who will be working _____

Phone number(s) where we can reach you to make an appointment for a Work Study project:

() _____ - _____ () _____ - _____

1. Email address: _____

2. I am interested in Work Study because: a. My child is taking classes b. I am taking classes

3. My child's or children's name(s) _____

4. I am available to do Work Study from 9:00 a.m. -12:00 p.m. YES NO

5. I am available to do Work Study from 12:00 p.m.-6:00 p.m. YES NO

6. I am available to do Work Study in the evenings YES NO

7. I am available to do Work Study on the weekends YES NO

Please do NOT ask me to do the following (please check all that apply)

<input type="checkbox"/>	Sew
<input type="checkbox"/>	Paint
<input type="checkbox"/>	Usher for Plays
<input type="checkbox"/>	Make Phone Calls
<input type="checkbox"/>	Any Clerical work
<input type="checkbox"/>	Work Alone
<input type="checkbox"/>	Work in/with Large Crowds

Other _____

I have experience in:

<input type="checkbox"/>	Sewing
<input type="checkbox"/>	Painting
<input type="checkbox"/>	Set Building/Construction
<input type="checkbox"/>	Clerical Work
<input type="checkbox"/>	Work in/with Large Crowds

Other _____

8. When I work at The Foundation, I will be: (please check one)
 _____ coming alone _____ bringing my small children with me*

*Children may only accompany you if prior permission has been given by a member of the Foundation of Arts Staff. Children may not be left unattended on the premises while work is being performed.

Please complete the Registration form attached above for each student, as well as the information below.

Student Information : Student # 1

Name _____ Date of Birth ____ - ____ - ____

Gender ____ Grade ____ Age ____ School Name _____

How many classes of this student's total classes should be considered for tuition waiver? ____

Statement of Interest

Explain how or why this class is important to you and your child. **(Required)**

Statistical Information

As a non-profit organization, The Foundation of Arts is eligible to receive state and federal funding to help keep program costs as low as possible for you. To receive funding we must be able to document program participants. This information will be *confidential and used strictly for grant purposes*. These questions have no bearing on whether or not this application will be approved.

Ethnic Background _____

This applicant has a medical or physical disability. **Yes / No**

This applicant's family income is recognized by the government as "low." **Yes / No**

Has this applicant ever participated in an Arts Center class? **Yes / No**

Does this applicant have experience in the program(s) requested? **Yes / No**

If yes, please explain: _____

Other

List all activities (i.e. sports, music lessons, classes taken outside the FOA, etc.) that the applicant is currently involved in:

My signature certifies that all information in this application is true and accurate to the best of my knowledge. I understand that if this application is approved, regular class attendance and good behavior is necessary to maintain the tuition waiver and placement in the class. I also understand that a new application will be required for future semester enrollment, and that approval or denial of this application does not infer future approval or denial.

Parent/Guardian Signature

____ / ____ / ____

Date

Please complete the Registration form attached above for each student, as well as the information below.

Student Information : Student # 2

Name _____ Date of Birth ____ - ____ - ____

Gender ____ Grade ____ Age ____ School Name _____

How many classes of this student's total classes should be considered for tuition waiver? ____

Statement of Interest

Explain how or why this class is important to you and your child. **(Required)**

Statistical Information

As a non-profit organization, The Foundation of Arts is eligible to receive state and federal funding to help keep program costs as low as possible for you. To receive funding we must be able to document program participants. This information will be *confidential and used strictly for grant purposes*. These questions have no bearing on whether or not this application will be approved.

Ethnic Background _____

This applicant has a medical or physical disability. **Yes / No**

This applicant's family income is recognized by the government as "low." **Yes / No**

Has this applicant ever participated in an Arts Center class? **Yes / No**

Does this applicant have experience in the program(s) requested? **Yes / No**

If yes, please explain: _____

Other

List all activities (i.e. sports, music lessons, classes taken outside the FOA, etc.) that the applicant is currently involved in:

My signature certifies that all information in this application is true and accurate to the best of my knowledge. I understand that if this application is approved, regular class attendance and good behavior is necessary to maintain the tuition waiver and placement in the class. I also understand that a new application will be required for future semester enrollment, and that approval or denial of this application does not infer future approval or denial.

Parent/Guardian Signature

____ / ____ / ____

Date

Please complete the Registration form attached above for each student, as well as the information below.

Student Information : Student # 3

Name _____ Date of Birth ____ - ____ - ____

Gender ____ Grade ____ Age ____ School Name _____

How many classes of this student's total classes should be considered for tuition waiver? _____

Statement of Interest

Explain how or why this class is important to you and your child. **(Required)**

Statistical Information

As a non-profit organization, The Foundation of Arts is eligible to receive state and federal funding to help keep program costs as low as possible for you. To receive funding we must be able to document program participants. This information will be *confidential and used strictly for grant purposes*. These questions have no bearing on whether or not this application will be approved.

Ethnic Background _____

This applicant has a medical or physical disability. **Yes / No**

This applicant's family income is recognized by the government as "low." **Yes / No**

Has this applicant ever participated in an Arts Center class? **Yes / No**

Does this applicant have experience in the program(s) requested? **Yes / No**

If yes, please explain: _____

Other

List all activities (i.e. sports, music lessons, classes taken outside the FOA, etc.) that the applicant is currently involved in:

My signature certifies that all information in this application is true and accurate to the best of my knowledge. I understand that if this application is approved, regular class attendance and good behavior is necessary to maintain the tuition waiver and placement in the class. I also understand that a new application will be required for future semester enrollment, and that approval or denial of this application does not infer future approval or denial.

Parent/Guardian Signature

_____/_____/_____

Date

Please complete the Registration form attached above for each student, as well as the information below.

Student Information : Student # 4

Name _____ Date of Birth ____ - ____ - ____

Gender ____ Grade ____ Age ____ School Name _____

How many classes of this student's total classes should be considered for tuition waiver? ____

Statement of Interest

Explain how or why this class is important to you and your child. **(Required)**

Statistical Information

As a non-profit organization, The Foundation of Arts is eligible to receive state and federal funding to help keep program costs as low as possible for you. To receive funding we must be able to document program participants. This information will be *confidential and used strictly for grant purposes*. These questions have no bearing on whether or not this application will be approved.

Ethnic Background _____

This applicant has a medical or physical disability. **Yes / No**

This applicant's family income is recognized by the government as "low." **Yes / No**

Has this applicant ever participated in an Arts Center class? **Yes / No**

Does this applicant have experience in the program(s) requested? **Yes / No**

If yes, please explain: _____

Other

List all activities (i.e. sports, music lessons, classes taken outside the FOA, etc.) that the applicant is currently involved in:

My signature certifies that all information in this application is true and accurate to the best of my knowledge. I understand that if this application is approved, regular class attendance and good behavior is necessary to maintain the tuition waiver and placement in the class. I also understand that a new application will be required for future semester enrollment, and that approval or denial of this application does not infer future approval or denial.

Parent/Guardian Signature

____ / ____ / ____

Date

Please complete the Registration form attached above for each student, as well as the information below.

Student Information : Student # 5

Name _____ Date of Birth ____ - ____ - ____

Gender ____ Grade ____ Age ____ School Name _____

How many classes of this student's total classes should be considered for tuition waiver? ____

Statement of Interest

Explain how or why this class is important to you and your child. **(Required)**

Statistical Information

As a non-profit organization, The Foundation of Arts is eligible to receive state and federal funding to help keep program costs as low as possible for you. To receive funding we must be able to document program participants. This information will be *confidential and used strictly for grant purposes*. These questions have no bearing on whether or not this application will be approved.

Ethnic Background _____

This applicant has a medical or physical disability. **Yes / No**

This applicant's family income is recognized by the government as "low." **Yes / No**

Has this applicant ever participated in an Arts Center class? **Yes / No**

Does this applicant have experience in the program(s) requested? **Yes / No**

If yes, please explain: _____

Other

List all activities (i.e. sports, music lessons, classes taken outside the FOA, etc.) that the applicant is currently involved in:

My signature certifies that all information in this application is true and accurate to the best of my knowledge. I understand that if this application is approved, regular class attendance and good behavior is necessary to maintain the tuition waiver and placement in the class. I also understand that a new application will be required for future semester enrollment, and that approval or denial of this application does not infer future approval or denial.

Parent/Guardian Signature

____ / ____ / ____

Date