

CHRISTINA CULTURAL ARTS CENTER, INC.
“The HeArt Under the Hoodie” Youth Violence Prevention Program
705 N. MARKET STREET WILMINGTON, DE 19801-3008
302-652-0101 Fax: 652-7480

www.ccacde.org

REGISTRATION FORM FOR AFTER SCHOOL PROGRAM
YOUTH BETWEEN THE AGES OF 9-15 YEARS OLD ONLY
(All information must be completed before the form will be processed)

Student Information: (Please print clearly)

Student #1

	Last Name	First Name	MI	Sex	Age	Birthdate
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Student #2

	Last Name	First Name	MI	Sex	Age	Birthdate
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Student #3

	Last Name	First Name	MI	Sex	Age	Birthdate
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Race/Ethnicity: Student #1

African American ___ White ___
 Native American ___ Middle Eastern ___
 Latin American ___ Caribbean ___
 Flyers/Ads ___
 Asian American ___ African ___ Other ___

Race/Ethnicity: Student #2

African American ___ White ___
 Native American ___ Middle Eastern ___
 Latin American ___ Caribbean ___
 Asian American ___ African ___ Other ___

If you are a new student(s), how did you hear about the Program?

Newspaper ___ Brochure ___ Radio/TV ___ School ___
 Friend ___ Facebook ___ Website ___

Parent/Guardian Information:

Last Name	First Name	M.I.	Relationship to student
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Number & Street	Apartment #
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City	State	Zip	Email Address
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Phone (Home)	Phone (Work)	Phone (Cell)
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Education: Student #1

Elementary ___ Middle ___ High _____

Type of School-Student #1

Public ___ Charter ___ Private ___ Parochial/Faith Based ___ Independent ___ Home School ___

Current Grade _____ Please list name of school _____

College or Trade _____ Are you currently enrolled? ___ **Please give the name of the school**

School District:

Christina ___ Appoquinimink ___ Red Clay Consolidated ___ Colonial ___ Brandywine ___ Other _____

Education: Student #2

Elementary ___ Middle ___ High _____

Type of School: Student #2

Public ___ Charter ___ Private ___ Parochial/Faith Based ___ Independent ___ Home School ___

Current Grade _____ Please list name of school _____

College or Trade _____ Are you currently enrolled? ___ Please list name of school _____

School District:

Christina ___ Appoquinimink ___ Red Clay Consolidated ___ Colonial ___ Brandywine ___ Other _____

Education: Student #3

Elementary ___ Middle ___ High _____

Type of School: Student #3

Public ___ Charter ___ Private ___ Parochial/Faith Based ___ Independent ___ Home School ___

Current Grade _____ Please list name of school _____

College or Trade _____ Are you currently enrolled? ___ Please list name of school _____

School District:

Christina ___ Appoquinimink ___ Red Clay Consolidated ___ Colonial ___ Brandywine ___ Other _____

Household Family Size:

of Adults ___ # of Children _____

Marital Status:

Single ___ Married ___ Separated ___ Divorced ___

Total Household Income:

___	Below \$5,000	___	\$5,001-\$10,000	___	\$10,001-\$15,000	___	\$15,001-\$20,000	___	\$20,001-\$25,000
___	\$25,001-\$30,000	___	\$30,001-\$35,000	___	\$35,001-\$40,000	___	\$40,001-\$45,000	___	\$45,001, \$50,000
___	\$50,001-\$60,000	___	\$60,001-\$70,000	___	\$70,001-\$80,000	___	\$80,001-up		

REGISTRATION/ATTENDANCE POLICY

- All youth are expected to attend and participate in after school activities Monday through Thursday at the Christina Cultural Arts Center.
- All youth are required to take Urban Improv and Yoga as a part of their after school enrichment.
- Application must be complete to be considered for enrollment.

Signature: _____ Date: _____

PERMISSION FORM TO TRANSPORT CHILD FROM SCHOOL/FIELD TRIPS

I give permission to The Christina Cultural Arts Center to pick up or arrange bus/van transportation for my child, _____ from school and to transport them to the Christina Cultural Arts Center, 705 North Market Street, Wilmington, DE 19801. Transportation includes monthly field trips planned for youth and their families. **All children must wear their seat belts.**

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____

Christina Cultural Arts Center, Inc.
HeArt Under the Hoodie
Youth Violence Prevention Program

Authorization of Release Form

Child(ren): _____

This form authorizes CCAC staff to release your child for pick-up to the persons listed below:

Full Name	Relationship to Child	Phone Number

This list should be updated as necessary. Please inform the Program Director of any changes to the people authorized to pick up your child. If someone other than a person listed above arrives to pick up your child, CCAC staff will not release the child into their care without contacting you.

Please note that children will not be released to anyone who is visibly under the influence of alcohol or drugs, or displays inappropriate behavior, regardless of whether they are listed above.

Parent Signature

Date



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Transportation for (student(s) name) _____

I _____ give permission for my son/daughter (named above) to be picked up by Delaware Express, at the following bus stop location: (school name or bus stop address)

_____.

I understand that the van will be transporting my child from the above location to Christina Cultural Arts Center on Monday, Tuesday, Wednesday, and Thursday at their

estimated pickup time: Palmer 3:00 PM, 12th & Washington 3:15-3:20 PM, First State Montessori 3:20-3:25 PM, Kuumba 3:30-3:35 PM, 200 Vandever Ave 3:45 PM, Highlands 3:55 PM, Great Oaks 4:10 PM.

on the days when the HeArt Under the Hoodie After School Program will be operating. I agree to communicate in advance with the Program Manager or Christina Cultural Arts Center if my child will **NOT** be in attendance on a scheduled pickup day.

Parent Signature

Date



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CONSENT TO RELEASE EDUCATIONAL INFORMATION

The **“HeArt Under the Hoodie”** Violence Prevention Program operated by Christina Cultural Arts Center Inc. with funding from the Delaware Department of Services for Children, Youth, and their Families seeks to promote positive youth asset development, emotional literacy, self-control, improved academic proficiency and school and family engagement.

In order to effectively coordinate student/family supports, strong public school partnerships are essential.

I grant _____ (name of school) where my child attends authorization to share academic goals, individual student success plans, IEP proficiency data, report cards, attendance, and information related to behavioral conduct for my child _____ (child's name).

Christina Cultural Arts Center will use this information for the sole purpose of assisting my child with improving reading/writing, math proficiency and behavior management.

I _____ consent to the release of the aforementioned information during my child’s enrollment in the “HeArt Under the Hoodie” Program to authorized CCAC Program staff.

Date: _____

Parent/Legal Guardian Signature: _____

CCAC Program Manager Signature: _____

HeART Under the Hoodie Parent Consent for Dismissal

Please sign and date where applicable:

My child _____ does NOT have permission to sign out and leave the building.

Parent signature: _____ Date: _____

I _____ give my child permission to sign him/herself out at 7:00 PM and leave the building to meet me (authorized pickup person) on Shipley Street.

Parent signature: _____ Date: _____

My child _____ has permission to sign themselves out at 7:00 PM and walk home.

Parent signature: _____ Date: _____



PHOTOGRAPHY RELEASE CONSENT FORM

Christina Cultural Arts Center

“HeArt Under the Hoodie” Youth Violence Prevention Program

I _____ grant my full and irrevocable consent to Christina Cultural Arts Center (CCAC) (as well as its legal representatives, licensees, successors, and assigns) to use, reuse, reproduce, copyright, renew copyright and license for commercial or artistic purposes portraits of me or in which I may be included, in whole, or in part, with or without objects, text or translations, and with or without my name or a fictitious name or accompanying quotations.

By my signature below, I understand that such grant allows the use of these photographs in any media for art, advertising, marketing, trade, workshops, or other presentations or for publication in books, brochures, newsletters, articles, websites, or videos.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or use in which it may be applied.

I hereby release, discharge and agree to hold harmless CCAC, their legal representatives, licensees, successors, or assigns, and all persons acting under their permission or authority or those for whom they are acting, from any liability by virtue of the use of such photograph(s), whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof.

I hereby state that I have read the above authorization, release and agreement, prior to its execution and that I am fully familiar with the consents thereof and consent to the terms of this release form.

CONSENT BY PARENT IF A MINOR:

Name: _____

Name: _____

Signature: _____

Signed: _____

Witness: _____

Witness: _____

Date: _____