

Youth Artist Program

Application

Welcome to the Youth Artist Program, an after school studio arts program dedicated to advancing the cultural, artistic, and academic enrichment of our youth in Philadelphia. We take safety very seriously. The State of Pennsylvania has rules and regulations for after school care and educational programs that serves to protect our young people. We work in compliance with those rules and regulations and in turn **require the entire contents of this application within the first 2 weeks of attending the program.**

When completing the application, keep in mind that we are gathering information so we can best serve you and your child. If there is information you are unable to gather please let us know so that we can be of assistance to you. We are operating under open enrollment and are always accepting applications throughout the semester.

Check List

- Basic Information; Students Information, Parental Consent. (in Application)
- Emergency Verification Form (in Application)
- Waiver and Release (in Application)
- Studio Agreement (in Application)
- Current student's health assessment (Physical) from physician.
- Current Academic Report Card (or equivalent academic assessment)
- Copy of Health Partners Medical Card (For Health Partner clients only)
- One time Payment per semester of \$30 for registration. Cash only.
Waived if member of Health Partners.

Basic Information

Whenever indicated, please mark

Enrollment for: Fall Winter/Spring Year: _____

Applicant's Information

Applicant's Name: _____

Address: _____

Home Phone: _____

E-mail: _____

Date of Birth: _____

Age: _____

Race: Latino/a African American Caucasian Asian Bi-racial Other

Name of School: _____ Grade: _____ ESOL

Parental Consent

Please mark the boxes to give the Youth Artist Program consent to the following actions/activities.

- Obtaining Emergency Medical Care.
- Walks and Field Trips within a ten mile radius.
- Administration of Minor First-Aid Procedures.
- Transportation by the Facility.

Authorized Mode of Transportation: Check the following that apply

From school to Taller Puertorriqueño:

___ Public Transport ___ Walking ___ car(student drives her/himself) ___ parent or guardian delivers student.

From Taller Puertorriqueño to home:

___ Public Transport ___ Walking ___ car(student drives her/himself) ___ parent or guardian picks up student.

**when picking up students, we ask all parents and guardians to please call ahead.*

Parent's Signature: _____

Date: _____

IMPORTANT AND REQUIRED INFORMATION. PLEASE FILL IT OUT COMPLETELY.

EMERGENCY VERIFICATION FORM

Date: _____

Name of Applicant: _____ Grade: _____

Name of Parent/Guardian: _____

Address: _____ Zip Code _____

Phone Number: (home) _____ Best time to call _____

(Work) _____ Best time to call _____

(Cell) _____ Best time to call _____

Emergency Contact # 1

Name: _____ Relation to Child _____

Address: _____ Zip code _____

Phone Number: (home) _____ Best time to call _____

(Work) _____ Best time to call _____

(Cell) _____ Best time to call _____

Emergency Contact # 2

Name: _____ Relation to Child _____

Address: _____ Zip code _____

Phone Number: (home) _____ Best time to call _____

(Work) _____ Best time to call _____

(Cell) _____ Best time to call _____

Name of student's Physician/Medical Provider: _____

Address: _____ Phone: _____

Health Insurance Coverage for Child OR Medical Assistance Benefits: _____

Policy Number (Required): _____

Please give a brief description to any conditions that may apply to your child.

Please specify diagnosis. :

Medications:

Allergies (food, medications, etc. -include the reaction it causes):

Dietary: (Ex: lactose intolerant, vegan, etc...)

Taller Puertorriqueño's Waiver and Release of Right and Permission to Participate **(Please read carefully)**

Taller Puertorriqueño, hereafter referred to as "Taller", as part of its ongoing education in the arts programming holds as after-school program, a summer internship, and art workshops. The artist signing below will be participating in the...

Taller's Art Education Programs, beginning ___/___/___ and ending ___/___/___.

During the school year, classes are held from 3:00 p.m. until 5:30 p.m. Monday - Friday at Taller Education Building located at 2557-59 N 5th Street, Philadelphia.

In order to participate, all youth artists and their parents or guardians must provide their full and unqualified permission for Taller to film, photograph, and videotape the students and workshop participants, and for unrestricted use by Taller of the artwork they create. This permission also includes a permanent waiver for any and all claims participants might otherwise have from the not-for-profit Taller for the use of the participant's image, films, videos, and artwork created in the workshops. This permission also includes the use of the participant's name, image, likeness, and voice in any film, photograph, or videotape that results from any of the above programs.

Any and all films, photograph, videotapes, images, written publicity, written articles, screenplays, and interviews produced by students from materials provided by Taller shall be the exclusive, permanent, sole, and absolute property of Taller, and Taller shall exclusively own any and all copyrights thereof.

Additionally, this permission also grants Taller to hold in-class field trips to art or educational locations and other programs. This permission is a release of any and all liabilities and by signing below an agreement is established with Taller that holds Taller harmless from claims of injury of any kind that may result from participation in the above Taller's programs.

I warrant and represent that I am a parent or guardian of the minor who has signed the above permission and release for my child to participate and I here agree that we shall both be bound thereby.

Youth Artist's printed name

Youth Artist's signature

Date

Parent/guardian's printed name

Parent/guardian's signature

Date

Studio Agreement

Working in a shared environment requires a certain etiquette to ensure the safety and effectiveness of everyone participating. We want to encourage a positive space where young people can be free to express themselves without judgement and shame. We also encourage a space that is dedicated to enhancing the talents and abilities of the creative self which can be nurtured through focus, positive thinking, and artistic practices.

Therefore we have instituted the following rules to make YAP a more effective and enjoyable place to be creative thinkers. By participating in YAP you (The artist) have chosen to abide by these rules knowing that it will enhance your experience, If these rules are broken, it will proceed in disciplinary action and or expulsion at the discretion of the current manager of the program.

These rules are set to enhance the experience at YAP and give you the opportunity to use your time effectively. Upon entering the studio I (student) agree to relinquish my cel phone until the program is over for that day, or I leave the program for the day (leaving means I will sign out and leave the premises). I understand that if I need to contact my parent/guardian I can use the studio telephone with the permission of the YAP Manager. The smartphone does not rule my life, and I am allowing myself to be free from such distractions.

- I (artist) will be Respectful towards other students, staff, guests, and especially myself. I will speak politely, refrain from using profane language, and choose to resolve conflicts with positive communication and not resolve to physical violence.
 - I (artist) understand that sensual or sexual language that is used as harassment is forbidden and will be subject to expulsion and or prosecution to the full extent of the law. I also understand that such behavior is not acceptable from staff of the Taller Puertorriqueño and will report any such behavior.
 - I (artist) understand that overtly sexual conduct such as making out, caressing, and inappropriate touching is prohibited in the studio, building, and surrounding premises. I also understand that such behavior is not acceptable from my fellow students and staff of the Taller Puertorriqueño and will report any such behavior.
 - I (artist) understand that I can bring a visitor mainly for the purpose of recruitment to the YAP program. Any other visitors must make an appointment and need to be approved in advanced by the YAP manager. This includes family members and boy/girlfriends.
 - I (artist) understand that foul language is unacceptable in the studio as it creates a culture of negativity.
 - I (artist) agree to participate in the projects and workshops to enhance my creative and critical skills. The YAP studio is a place for production and not a hang out. If the YAP manager feels I am not producing to my fullest potential, they have the right to excuse me from the program.
 - I (artist) understand that food from outside the program **cannot** be consumed while I am in YAP. Any food from outside the program must be consumed off the premises. Any special foods that are part of dietary needs or religion should be discussed with the YAP manager to receive approval.
 - I (artist) understand that in order to be in the program I must participate at least twice a week. If this is inconsistent then I also understand that I will put my position at YAP at jeopardy and can be dismissed from the program.
- Personal relationships with other YAP artists should not interfere with studio practice or the dynamic within the studio. Once it does the studio manager has the right to administer probation or dismissal from the program.

I have read **the studio agreement** and by signing, *pledge to follow these rules*. If I break any of these rules, I allow myself to be subject to disciplinary action to the discretion of the current Manager of YAP.

Youth Artist's Signature

Date

Parent's Signature

Date

Studio Etiquette

1. Sign in when you get to YAP.
2. Do not leave the building without signing out unless you have an emergency or we are performing a fire drill.
3. Clean up your work space before leaving the studio and make sure all supplies are cleaned and put away.
4. Be respectful of your time in the studio. It is not a time to do casual web surfing or socializing. YAP is a studio for working not just hanging out.
5. Challenge your creativity and skill set, you will become a better artist for it.
6. Make great art!

Resources

Token Program

YAP offers SEPTA tokens to participants that depend on public transport to travel home from the program. We provide a maximum of 4 tokens a week (2 tokens at a time) per individual in need of this service. These tokens are to be given out at the discretion of the YAP Manager.

Health Partners

Taller currently has a collaboration with Health Partners that will cover the cost of registration for any of its clients. We ask to have a copy of the students health partners card.

Field Trips

YAP goes on several field trips through the year. space is limited so it is based on a first come first serve basis. Field trips are often centered around visiting museums in Philadelphia and NYC as well as visiting artist studios.

Portfolio Preparation

For those youth artists looking to move on to the next level of their career, we offer the opportunity to build your portfolio. Many schools have different requirements and ask to see a representation of drawing, medium handling, creativity, and conceptual thinking. We work to create a strong portfolio for your entry into a competitive arts College. Please indicate that this is your interest as it will direct the Youth Artist Manager to place you on a different track in your work during YAP.

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
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HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.