Thank you for choosing to enroll your child/ren at Taller Puertorriqueño! Please take a moment to read about the programming we offer. When completing the application, keep in mind that we are gathering information so we can best serve you and your child.

Overview of Taller Programming

Cultural Awareness Program (CAP) Grades K-5
The Cultural Awareness Program nurtures children’s mental, social, physical and emotional development through the arts and cultural enrichment activities. Expanding learning opportunities for young children, this after-school program provides culturally based visual and performing arts, homework help, recreational activities and a six-week multidisciplinary summer arts camp. The Cultural Awareness Program aims to build a foundation that fosters children’s positive growth ages 5 through 10.

Advanced Cultural Exploration Program (ACE) Grades 6-8
The Advance Cultural Exploration Program provides older children with an opportunity to explore the arts and their cultural heritage. Building on what young people already value, this year long comprehensive program includes after-school arts and performance activities, a homework club and a six-week multidisciplinary summer arts camp. In the course of their studies, the ACE students will develop a portfolio that can be utilized to apply to the region’s learning visual and performing arts schools. The ACE program serves middle school children ages 11 through 15.

AT TALLER PUERTORRIQUEÑO THESE VALUES ARE IMPORTANT TO US:

- RESPECTING ourselves, each other, staff, guests, and our space by: speaking politely, resolving conflict with words and not our hands, taking care of the things (supplies, rooms, etc.) here at Taller.
- LISTENING to each other and following directions so we can all be safe, have fun and learn together!
- TRYING HARD when faced with a new challenge or opportunity; and we will help each other when we see someone struggling.

I have read Taller Puertorriqueño’s Values with my child and we both understand and agree to follow them.

_________________________ _________________________________ __________
Parent/Guardian’s Signature Student’s Signature Date

How did you find out about our program? (Mark all that apply):
TV-Channel_____ Radio- Station_____ Family member/Friend_____ Event_____ Other_______

Equal Employment Opportunity and Non-Discrimination Policy Taller Puertorriqueño is committed to the principles of equality in employment. Taller’s personnel policies and practices do not discriminate against qualified employees and applicants because of race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity, or any other characteristic protected by state or federal law. In accordance with the provisions of Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act, and all regulations properly issued thereunder to protect the rights of disabled persons, it is Taller’s policy that no program or activity administered by Taller shall exclude from participation, deny benefits to or subject to discrimination any individual solely by reason of his/her disability. We further affirm that we will provide reasonable accommodation to the known physical or mental limitations of an otherwise qualified disabled employee or applicant.

2600 N. 5th Street Philadelphia, PA 19133 Phone: 215-423-6320 Fax: 215-423-6248
V-8/April 2018
PROGRAM APPLICATION

Enrollment for: ☐ Fall  ☐ Winter/Spring  Year: __________________
Program:    ☐ CAP  ☐ ACE
☐ Summer  Year: __________________  ☐ Extended Care

Student’s Information

Student’s Name: ____________________________________________ Gender: ☐Male  ☐ Female
Date of Birth: ____________________  Age: _________  Home Phone: ____________________
Address: __________________________________________________________  Zip code ____________________
Race:  ☐ Latino/a  ☐ African American  ☐ Caucasian  ☐ Asian  ☐ Bi-racial  ☐ Other
Name of School: ____________________  Grade: _______  Student School ID #: ____________
CCIS__________  HealthPartners__________  Other__________

IMPORTANT AND REQUIRED INFORMATION. PLEASE FILL IT OUT COMPLETELY.

Parent(s)/Legal Guardian(s) Information

Parent’s Name or Guardian: __________________________________________
Address: __________________________________________________________
Phone: (Home) ________________  (Work) ________________  (Cell Phone) ________________
Email: __________________________________________________________________________________

EMERGENCY CONTACT INFORMATION

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 ________________
MEDICAL INFORMATION

Name of student’s Physician/Medical Provider: ________________________________

Address: ________________________________ Phone: _______________________

Health Insurance Coverage for Child OR Medical Assistance Benefits: ______________

**Policy Number (Required):** ______________________________

<table>
<thead>
<tr>
<th>Special Disabilities</th>
<th>Special Conditions</th>
</tr>
</thead>
</table>

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

| Medications |

| Medical or Dietary Information Necessary in an Emergency Situation |

**PARENT’S SIGNATURE IS REQUIRED IN EACH BOX BELOW**

TO INDICATE PARENTAL CONSENT

<table>
<thead>
<tr>
<th>Obtaining Emergency Medical Care</th>
<th>Walks and Trips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Signature:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Administration of Minor First-Aid Procedures</th>
<th>Transportation by the Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Signature:</td>
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</table>

<table>
<thead>
<tr>
<th>Swimming</th>
<th>Wading (walk through mud, snow, water, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
</tbody>
</table>
Parent/Legal Guardian Authorized Mode of Transportation
(Please indicate mode of transportation)

From school/home to Taller:  ☐ Parent Pick Up  ☐ Public Transportation  ☐ Walks to Taller

From Taller to home: ☐ Parent Pick Up  ☐ Public Transportation  ☐ Walks Home

______________________________________________________
Signature of Parent or Guardian  ________________________________
Date

PERMISSION TO PICK UP
I grant permission for the following person(s) to pick up my child from Taller. I understand that anyone who picks up a child will be asked to show a photo ID that will need to match the information that is kept on file.

(1) Person’s name__________________________________________
Relationship to student_____________________________________
Phone Number: (home) ____________________
(Work) ____________________
(Cell) ____________________

(2) Person’s name__________________________________________
Relationship to student_____________________________________
Phone Number: (home) ____________________
(Work) ____________________
(Cell) ____________________

(3) Person’s name__________________________________________
Relationship to student_____________________________________
Phone Number: (home) ____________________
(Work) ____________________
(Cell) ____________________

(4) Person’s name__________________________________________
Relationship to student_____________________________________
Phone Number: (home) ____________________
(Work) ____________________
(Cell) ____________________
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 camp, and art workshops. The student 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 through Friday at Taller Education Building located at 2557-59 N 5th Street, Philadelphia. The summer camp hours are Monday through Friday __________ to __________. Workshop times vary and are notified upon registration.

In order to participate, all students 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.

___________________________  __________________________  ____________________
Student’s printed name       Student’s signature       Date

___________________________  __________________________  ____________________
Parent/guardian’s printed name       Parent/guardian’s signature       Date