



2009-2010 Youth Enrollment Form

Date _____ Grade: _____ High School: _____

Referred by (name of person who told you about the program): _____

Last Name: _____ First Name: _____

Address: _____ City & Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth _____ Race or Ethnicity (optional): _____

Email: _____

Gender: _____ Do you qualify for free or reduced lunch? (circle one) yes no

Parent/Legal Guardian Name: _____

Parent/Guardian Address: _____

City & Zip Code: _____

Parent/Guardian Phone: _____ Work: _____

Alternative Contact: _____ Alternative Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Relationship of Emergency Contact to Student: _____

The undersigned legal guardian of the student participant agrees to this permission-waiver as follows:

1. I give permission for my son/daughter to participate in West Michigan Center for Arts and Technology (WMCAT) after school and summer programs.
2. I understand that my son/daughter will be working in programs which may involve contact with mechanical equipment and/or chemicals.
3. I understand that photographs and videos may be taken during WMCAT programming, and I understand that these media as well as my child's artwork produced by him/her are important and may be used for educational, funding, promotional or other purposes on behalf of WMCAT. Therefore, I give West Michigan Center for Arts and Technology my permission to use, in part or whole, the name, picture, performance, photograph and/or taped voice for my son/daughter and I release the program from any monetary compensation and any and all claims resulting from such use and waive any right to inspect or approve the finished photography or video or audio recording.
4. I understand that in order to learn how well the WMCAT program is working and to make improvements, WMCAT staff and/or professional evaluators may conduct interviews, lead focus groups, and administer questionnaires in which your son/daughter is asked specifically about their experiences in the WMCAT program. In addition, professional evaluators and WMCAT staff will need access to information about your son/daughter's in-school behavior, attendance, grades, credits earned, and progress towards graduation. All information will be treated confidentially, and his/her name will not be revealed in reporting any program results.
5. I understand that this signed form is a general permission slip which extends to all WMCAT related student activities and field trips unless otherwise noted by me below.

Parent/Guardian Signature

Date

Participant's Signature

Parent/Guardian Printed Name

Participant's Printed Name