

**Student Information:**

First Name: \_\_\_\_\_

Last Name \_\_\_\_\_

Gender:  M  F D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Cultural Ethnicity: (Optional)  AA  H  W  Other \_\_\_\_\_

Site Location: \_\_\_\_\_

(School/Location Name)

**(Check All That Apply)**

- |                                                        |                                                      |
|--------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> iPerform: Afterschool Academy | <input type="checkbox"/> iPerform: Summer Academy    |
| <input type="checkbox"/> GoTumble                      | <input type="checkbox"/> Tier Level Training Program |
| <input type="checkbox"/> Pre-Academy (ages 3-7)        | <input type="checkbox"/> H.O.M.E. Team (Comp Squad)  |

**Choose all that apply:** Interested in  Theater  Dance  Music  Voice Voice Range:  Soprano  Alto  Bass/Baritone

Previous Performing Arts Experience(s): \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

I give permission for \_\_\_\_\_ to attend ASET Academy of Performing Arts. I understand that she/he will attend this activity on a programming day. I understand that his/her participation depends upon his/her good behavior and active involvement in project activities. I understand that this activity is a voluntary activity of a physical and mental nature. ASET Academy of Performing Arts., its officers, trustees, members or its faculty, volunteers, interns, agents or employees are not responsible or liable in any manner whatsoever for any injuries sustained by any participant (student, employee, or guest) or any personal property lost, damaged or stolen in connection with the Academy Programs. I authorize organization personnel to act for me in any emergency, accident or illness and release ASET Academy of Performing Arts, its community partners and its officers, members, employees, agents and volunteers from any liability or claims out of or in any way connected with this program.

I understand that my signature below gives ASET Academy of Performing Arts permission to contact, exchange and gather information on my enrolled child for programming events directly and indirectly related to the Academy. The personal information of program participants will not be disclosed to a third party without prior consent from the Department of Child and Family Services and/or legal guardian. This information will not affect my child's admission; it will be used to design a program that meets my child's needs and for grant evaluation purposes.

The undersigned represents that she/he is the parent/guardian of the minor named above and represents that she/he has the legal authority to execute the foregoing consent and release.

\_\_\_\_\_  
Student Name Printed

\_\_\_\_\_  
PARENT/ Guardian Name -Printed

PARENT/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:**

1. Our application process requires a \$50.00 fee that must be received with this application. Payments can be made in cash or money order.
2. We begin accepting applications March 1<sup>st</sup> for the Summer Program and July 1<sup>st</sup> for After School programming. Enrollment beginning the Fall of the upcoming school year. All other programs have a rolling registration based available openings.



# Parent Pick Up List

To better ensure the safety of your student, we are asking that all parent/guardians fill out a Pick-Up Release Form. We realize that there may be times when someone other than yourself may have to pick up your student at school and you were unable to send a note or call to notify us. If we do not know the person coming in to pick up your student we will ask for proper identification. If the person coming in is not on the list, we will not release your student to that person. **We still ask that, if possible, you write a note or call us if someone other than yourself will be picking up your student.**

If this form is not returned, we will not release your student to anyone other than the parent/guardian.

*If you have any questions, please email: [Admin@ASETAcademy.org](mailto:Admin@ASETAcademy.org)*

Please list all people, **including other guardians**, who are allowed to pick up your child.

Print Student's Name: \_\_\_\_\_

Name of All Persons on Pick Up List	Relationship to Child
Ex. Mary Smith	Neighbor
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# ASET Academy Medical Forms

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I authorize the staff of ASET Academy who are trained in Firstaid/CPR to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_ and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Child's Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Chronic Health Conditions:

\_\_\_\_\_  
\_\_\_\_\_

Current Medication Taken:

\_\_\_\_\_

Insurance information (optional): Company Name: \_\_\_\_\_

Policy # \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_