

2015 Summer Camps & High School Portfolio Immersion Series

Emergency Information & Authorization Form

The information provided on this form will be used to ensure safe participation of your child in Wayne Center for the programming. A completed form must be submitted before start of camp or class.

Student's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Students Age _____ Date of Birth _____

Parent/Guardian Name(s) _____

Email Address _____

In the event the parent/guardian(s) listed above cannot be reached, please contact:

Name _____ Daytime Phone _____

The above emergency contact has permission to sign student in/out of class Yes No

Name _____ Daytime Phone _____

The above emergency contact has permission to sign student in/out of class Yes No

Name _____ Daytime Phone _____

The above emergency contact has permission to sign student in/out of class Yes No

I authorize my child age 11 or older to sign themselves in/out of class. Yes No

Students enrolled in High School Portfolio Immersion Series are able to sign themselves in/out of class

Medications* _____

** WCA staff members are not permitted to dispense medication other than Emergency Medication to students. A designated adult must dispense non-emergency medication to students during class time. Emergency medication must be labeled with the child's full name and provided to WCA at registration. By signing this form, you give WCA staff and instructors permission to administer emergency medication if necessary.*

Please give a complete description of all allergies and describe other medical, behavioral or developmental issues of which we should be aware:

Students with a behavioral or developmental diagnosis must complete the Special Needs Form

I authorize WCA to use photographs of my child and his/her work for promotional purposes which may include WCA online and print publications or submission to the press for use in articles or advertisements

Yes No

Parent/Guardian Signature _____ Date _____

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Special Needs Form

In order to ensure that your child has the highest quality experience possible while enrolled in Wayne Center for the Arts programming, we ask that you provide us with either an IEP or complete the short questionnaire below regarding your child's diagnosis. This information will only be shared with adults directly responsible for the supervision, safety and/or instruction of your child.

Describe possible triggers your student might have and any methods that are used at home or in school to avoid negative responses.

Describe individualized goals you have for your student within the parameters of the program.

Describe reward systems and/or soothing methods that you have found to be effective at home or in school.

Please indicated any additional information that you feel might be helpful.

If a Therapeutic Support Staff (TTS) or Aide will accompany the enrolled student, they must register during the first day of class.

Name(s) of TTS or Aide _____

Name of Agency _____ Phone Number _____

Street Address _____

City _____ State _____ Zip Code _____

Name of TTS Supervisor or Behavior Specialist Consultant _____

Parent/Guardian Signature _____ Date _____

Financial Aid Application

HOUSEHOLD INFORMATION

Parent/Guardian Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email Address _____

Have you ever applied for WCA Financial Aid? Yes No

How did you learn about WCA Financial Aid? _____

Source of family income (employment, SSI, SSDA, etc.) _____

Family Income reported on last tax return \$ _____

Number of people in household reported on tax return _____

Please list all people in household:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Please give specific and detailed circumstances which warrant your financial need. (example: parent unable to work, medical expenses not covered by insurance, college expenses, caring for other dependents, etc.)

Signature of Parent/Guardian _____ Date _____

OR

Signature of Student (If Adult) _____ Date _____

Wayne Center for the Arts Financial Aid and scholarships are made possible through the generous support of the Noble Foundation and the Jean Baird Scholarship for the Arts.