

## STUDENT ENROLLEMENT FORM

### STUDENT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender:  Female  Male  \_\_\_\_\_

### PARENT/GUARDIAN

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### EMERGENCY CONTACTS

Name of Primary Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name of Secondary Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In an emergency, the staff at transcenDANCE has my permission to obtain treatment for the student listed above in a hospital emergency room.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

### MEDICAL CARE

Does the student have any known allergies? Please list all allergies: \_\_\_\_\_  
Name of Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

### STUDENT EDUCATION

Current Grade: \_\_\_\_\_ School Name: \_\_\_\_\_  
What language(s) is spoken at home? \_\_\_\_\_



## **PARTICIPATION, RELEASE, AND CONSENT**

Please initial **all** sections for which you give permission.

### **Permission to Participate \_\_\_\_\_**

I, the undersigned, consent for my child to participate in transcenDANCE Programs. I agree to hold harmless transcenDANCE against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, preparation, development, conduct, and execution of the transcenDANCE Program.

### **Release of Information/Records \_\_\_\_\_**

I, the undersigned, consent to transcenDANCE that my child may be asked to complete a confidential survey about his or her attitudes, learnings and opinions as part of the program evaluation. I understand the information obtained will be statistically analyzed and that my child's name will be withheld for confidentiality purposes. I understand that this information, in addition to the survey, will be part of a larger program evaluation, and only the evaluation team and program staff will have access to this confidential information.

### **Medical Consent \_\_\_\_\_**

I understand that there are some risks inherent in the activities that are included in participation in transcenDANCE programs, but willingly assume these risks in order to allow my child to participate. If I cannot be reached in the event of an emergency, I give permission for any care or treatment by a physician, surgeon, hospital, nurse, and doctor's assistant or medical care facility that may be required.

### **Therapeutic Support \_\_\_\_\_**

transcenDANCE staffs a licensed clinical social worker who is on site for crisis support, group, and for one on one counseling as needed/requested. I understand that this service is made available to my child and that they may access it at will. With certain exceptions, all discussions are strictly confidential. Under limited circumstances, the facilitator or other representative of transcenDANCE may be permitted or required to break confidentiality, such as when needed to protect a person from harm or to report suspected abuse of a child, elder, or dependent adult. By initialing above, I give transcenDANCE permission to provide the counseling experience to your child if they request it.

### **Transportation \_\_\_\_\_**

I fully understand that the transcenDANCE staff may transport my child to transcenDANCE in a personal vehicle or by public transportation to and from various activities and hereby release and hold harmless transcenDANCE against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, preparation, development, conduct, and execution of the transcenDANCE Program.

## PARTICIPATION, RELEASE, AND CONSENT, cont'd.

### Photography \_\_\_\_\_

I fully understand that my child will perform in public in front of an audience and may be in contact with the press at events or performances. Also, it may be necessary for program staff to photograph or video tape program youth to advertise transcenDANCE or for other purposes. I give permission for program staff to photograph or video tape my child and use these images to promote the organization and its programs. I understand that transcenDANCE will only use my child's first name.

### Authorization for Release of an Unaccompanied Youth

One of transcenDANCE's program policies is that a child must be picked up by a parent, guardian or other authorized person. This is done for the protection of your child. However, if you want your child to leave on her or his own to take the bus, walk, go by bike, etc. you may request an exception to this policy.

- I give permission for my youth to leave transcenDANCE unaccompanied. I understand transcenDANCE is not responsible for insuring that my child arrives home safely.
- I do NOT give permission for my youth to leave transcenDANCE unaccompanied.

List authorized adults who may pick up my youth:

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I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION AND AGREE TO ASSUME ALL RISKS.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please return signed forms to a transcenDANCE Program Manager.  
If you have questions, please call (619) 474-4903 or email [info@tdarts.org](mailto:info@tdarts.org).