



MIAMI DADE COUNTY DEPARTMENT OF CULTURAL AFFAIRS
AFRICAN HERITAGE CULTURAL ARTS CENTER
STUDENT REGISTRATION APPLICATION

PROGRAM SELECTION

- After School Arts Winter Arts Spring Arts Summer Arts Saturday Arts Workshop Evening class
 Tour Field trip Apprenticeship Arts Company Other _____

STUDENT INFORMATION

Last Name: _____ **First Name:** _____

Sex: Male Female **Age:** _____ **Date of Birth:** _____ Child must be 6 years old by September 1st of current year

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Phone:** _____

School: _____ **School Address:** _____

Medical/Behavioral Condition: _____

Ethnic group which you identify: (Optional)

- White - non Hispanic Black - non Hispanic Asian or Pacific Islander American-Indian or Alaskan Native Other _____

- CUSTODIAL PARENT NON-CUSTODIAL PARENT LEGAL GUARDIAN OTHER: _____

Parent: _____ **Driver License #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Place of Employment: _____ **Job Title:** _____

Email Address: _____

- CUSTODIAL PARENT NON-CUSTODIAL PARENT LEGAL GUARDIAN OTHER: _____

Parent: _____ **Driver License #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Place of Employment: _____ **Job Title:** _____

Authorized to pick up: YES NO

Explain relationship: _____ **Email Address:** _____

Permission to walk home: Yes No If yes, a written note must be on file in the AHCAC office. [Designated time: _____]

OFFICE USE ONLY

DATE	RECEIPT #	TENDERED AMOUNT	CASH/CK/MO	INITIAL

EMERGENCY CONTACTS

Name: _____ Relationship: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Home Phone #: _____ Work Phone #: _____ Cell Phone: _____
Authorized to pick up: YES NO
 Occupation: _____ **Email Address:** _____

Name: _____ Relationship: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Home Phone #: _____ Work Phone #: _____ Cell Phone: _____
Authorized to pick up: YES NO
 Occupation: _____ **Email Address:** _____

TUITION BASED PROGRAM:

- The program I have selected is a tuition based program which incurs total payment per session. Once my child is accepted into the program that I have selected, I am obligated to pay the full tuition cost. To fulfill this obligation, I have selected payment plan A B C _____ (Initial)
- I have selected the tuition based program and understand that total payment must be paid in advance _____ (Initial)

LUNCH /SNACK:

- I understand that my child needs to have a: LUNCH & SNACK SNACK LUNCH
 Students are not permitted to leave the campus for lunch. _____ (Initial)

REQUIREMENTS:

- To participate in the arts academy, I understand that my child will be required to have special items, supplies and attire for the instructional programs. I further understand that my child will be required to participate in various productions, performances, showcases, recitals and/or exhibits, and as a result must obtain various needed items for the event. _____ (Initial)

FIVE ESSENTIAL RULES:

- I have reviewed the five essential rules for successful and positive outcomes and will review the same with my child.
 (1) Respect everyone. (2) Participate to the best of your ability. (3) Learn something new and improve every day. (4) Respect the learning environment. (5) Be prepared and on time. _____ (Initial)

PHOTO RELEASE:

- I hereby authorize the African Heritage Cultural Arts Center to film /photograph my child as a participant of the current program. I further understand and acknowledge that any video, photographic or other images obtained are property of the African Heritage Cultural Arts Center and may be used for publicity and educational purposes in perpetuity. _____ (Initial)

Print Name

Date

Signature

Date