

Claflin University Summer Arts Intensive
2018 Child Enrollment Form
(Please complete one form for each child.)

INSTRUCTIONS: Please **complete one form for each child enrolled** in the *Claflin University Summer Arts* program.
If requested information is non-applicable, mark N/A. If requested information is unavailable or unknown at this time, mark U/A.

Today's Date (MM/DD/YEAR): _____/_____/_____

Parent/Guardian's Name (Last, First, MI): _____

Relationship to Child:

- | | |
|---|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other _____ |

Does this child currently live with you?

- Yes
 No

What is your child's residential address?

Street: _____

City: _____ State: _____ Zip Code: _____

Child's Shirt Size: _____ Child's Pant Size: _____ Child's Shoe Size: _____

Child's Demographic Information

1. Child's Last Name: _____

Child's First Name: _____

Child's Middle Name: _____

2. Child's Preferred Name or Nickname: _____

3. Child's Date of Birth (MM/DD/YEAR): _____/_____/_____

4. Child's Gender:

- Male
 Female

5. What is your child's primary/native language (language spoken at home)? _____

6. Child's Race/Ethnicity (**Check One Only**):

- | | | |
|---|---|---|
| <input type="checkbox"/> African American/Black,
non-Latino | <input type="checkbox"/> Native Hawaiian or
Pacific Islander | <input type="checkbox"/> European
American/White, non-
Latino |
| <input type="checkbox"/> Native American/Indian
or Alaska Native | <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Mixed Heritage |
| <input type="checkbox"/> Asian American | | |
| <input type="checkbox"/> Other _____ | | |

7. Does this child have a sibling(s) who currently participates, or has participated in the *Claflin University Summer Arts* program?

- Yes
 No

8. What academic enrichment or extra-curricular activities does your child participate in during the summer or academic school year (e.g. organized sports, music or dance lessons, academic tutoring, clubs, etc.)?

9. Does your child receive or qualify for free/reduced price lunch at school during the academic school year?

- Yes
- No

10. What type of school does your child attend?

- Public
- Faith-based
- Home School
- Charter School
- Private
- Other _____

11. What is the name and location of the school your child attends during the academic school year?

Name: _____

City: _____ State: _____ Phone Number: _____

12. What grade was your child enrolled in during the most **recent** school year (2017-18)?

- | | | |
|----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> K | <input type="checkbox"/> 5 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 | |

13. Has your child been ever been suspended, expelled, or placed on behavioral probation at any point in his or her academic career?

- Yes
- No

If yes, please explain and provide dates: _____

Child's Academic Information

14. Does your child participate in any of the following educational programs (check all that apply)?

- Bilingual Education
- ESL/LEP
- Special Education
- Gifted and Talented
- Other _____

15. Has a doctor, health professional, teacher, or school official ever informed you that your child has a learning disability?

- Yes
- No

If yes, please explain: _____

16. Has your child ever repeated a grade?

- Yes
- No

17. What is your child's current cumulative grade point average?

G.P.A. _____

18. List any arts-related courses that your child has taken this school year along with the grade received for the courses. Please include any arts-related private instruction your child may have received along with the instructor's name.

19. Has your child ever attended a *Claflin University Summer Arts* program before?

- Yes
- No

If yes, how many summers has your child participated in the *Claflin University Summer Arts* program (NOT including the current summer)?

20. Rank your child's arts interest below in order of preference (1-5)?

_____Acting

_____Music

_____Mass Communications

_____Dance

_____Art

Child's Medical Information

21. Does your child have health insurance?

- Yes
- No

If yes, please complete the information requested below:

Health Insurance Carrier: _____

Policy Holder's Name: _____ Relationship to Child: _____

Policy Number: _____ Group Number: _____ Phone Number: _____

Carrier Address: _____

Please explain any special procedures that should followed in the event that your child has a medical emergency: _____

22. Has a doctor or health professional ever informed you that your child has any of the following medical conditions or disabilities?

- Asthma
- Hearing problems
- Vision problems
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Depression or anxiety problems
- Behavior or conduct problems
- Bone, joint, or muscle problems
- Diabetes
- Autism
- Obesity
- Allergies (allergic reactions)
- Other medical restrictions/disability

Any developmental delay or physical impairment (please describe below)

23. Does your child currently need or use medication prescribed by a doctor?

- Yes
- No

If yes, please list medication(s) and dosage:

24. If there is anything else that you would like to share about your child, please indicate here.

Please enclose with this form:

- ✓ 200 word essay describing your interest in the arts and its importance
(To be completed by the child)
- ✓ Two letters of recommendation from school officials (ONE MUST BE COMPLETED BY AN ART-RELATED TEACHER).

THIS SECTION IS FOR STAFF USE ONLY

Today's Date: ____/____/____

Completed Parent Sheet: ____Yes ____No

Completed Student Sheet: ____Yes ____No

Two Letters of Recommendation: ____Yes ____No

Financial Assistance Requirements Met: ____County ____Income

Name of *Claflin University Summer Arts* program **Mentor**:

Name of *Claflin University Summer Arts* program **Assigned Instructor**:
