FRIENDS OF CARTER BARRON FOUNDATION OF THE PERFORMING ARTS
Enrollment Form - STUDENT REGISRATION FORM

SESSION: [**Please Check One**] YEAR -ROUND ____ SPRING ____ SUMMER _____

STUDENT NAME: _____

ADDRESS: _____ **SSN:** - - ___ **WARD:** __

LAST

CURRENT SCHOOL: _____ **AGE:** ___ **GRADE COMPLETE:**

PERFORMING ARTS INTEREST [SELECT]: DRAMA ☐ **VOCAL** ☐ **INSTRUMENT** ☐ **DANCE** ☑

COSTUME DESIGN ☐ **STAGING** ☐ **LIGHTNING** ☐ **VIDEOGRAPHY** ☑

PARENT(S)/GUARDIAN(S) FULL NAME: _____

ADDRESS: **WARD:**

EMERGENCY CONTACT NAME: **NUMBER:**

PARENT EMPLOYMENT INFORMATION (THIS INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY)
IN WHAT JURISDICTION ARE YOU EMPLOYED? ___DC ____MD ___VA __NOT APPLICABLE

PARENT GUARDIAN STATEMENT

I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES CONDUCTED BY

_____,

INCLUDING EDUCATIONAL ACTIVITIES AT THE LOCAL SITE, PERFORMING AND VISUAL ARTS ACTIVITIES AT THE LOCAL (SCHOOL0 SITE, FIELD TRIPS TO ARTS AND EDUCATIONAL ACTIVITIES AWAY FROM THE LOCAL (SCHOOL) SITE, AND SPORTS ACTIVITIES CONDUCTED IN DCPS AND FOR DC DEPT. OF PARKS AND RECREATION FACILITIES. I FURTHER GRANT PERMISSION FOR MY CHILD TO APPEAR IN PERSON OR IN VOICE, VIDEO OR PHOTGRAPHIC PRESENATION FOR NON-COMMERICAL RADIO, TELEVISION, INTERNET OR PRINT MEDIA REPROTS AND/OR MEDIA CAMPAIGN(S) RESULTING FROM PARTICIPATION IN THIS PROGRAM AND ITS ACTIVITIES, AND TO COMPLETE CONFIDENTIAL OR ANANYMOUS SURVEYS AND PARTICIPATION IN THIS PROGRAM AND ITS ACTIVITIES, AND TO COMPLETE CONFIDENTIAL OR ANONYMOUS SURVEYS AND PARTICIPATION IN INTERVIEWS FOR EVAULATION PURPOSES. I UNDERSTAND THAT IF MY CHILD IS NOT PICKED UP FROM THE LOCAL SITE BY ____ P.M., HE/SHE MAY BE TAKEN TO THE OFFICE OF CHILD PROTECTIVE/EMERGENCY FAMILY SERVICES LOCATED AT 400 SIXTH STREET, S.W. (202) 671-SAFE.

SIGNATURE: _____ **RELATIONSHIP TO STUDENT:**
Parent/Guardian