

# APPLICATION

Studio 678: Photography & Writing Program

## SESSION

- SESSION 1 meets Wednesdays, September 13 - May 22, after-school\* to 6pm.
- SESSION 2 meets Thursdays, September 14 - May 23, after-school\* to 6pm.

\*STUDENTS MUST ARRIVE BEFORE 4 PM

## STUDENT INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ School ID # \_\_\_\_\_ Tee-Shirt Size:  SM  MED  LG  XL  XXL

Rochester City School District School \_\_\_\_\_

## PRIMARY CONTACT

Parent/Guardian(s) \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Parent Cell \_\_\_\_\_ Student Cell \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Do you prefer voice call, text, or email ? \_\_\_\_\_

When is the best time to reach you directly? \_\_\_\_\_

## TRANSPORTATION

Studio 678 can provide transportation to a LIMITED NUMBER of students to Studio 678 after school.

- Wednesday we can transport from School # 17 Enrico Fermi, and School # 50 Helen Barrett Montgomery.
- Thursday from School # 45 Mary McLeod Bethune, and Joseph C. Wilson Foundation Academy.
- If you do not attend one of the school listed above Parents/Guardians are responsible for transporting students to Studio 678 after-school. Students must be able to arrive by 4pm in order to participate in this program.

Please select the after school transportation option which applies to your child.

- My child attends School # 17 Enrico Fermi, we need of transportation on Wednesday.
- My child attends School # 50 Helen Barrett Montgomery, we need of transportation on Wednesday.
- My child attends School # 45 Mary McLeod Bethune, we need of transportation on Thursday.
- My child attends Wilson Foundation Academy, we need of transportation Thursday.
- I (or a designated person) will be transporting my child after-school to Studio 678.

Parents are responsible for providing from Studio 678 at 6pm. I (or a designated person) will provide prompt transportation at the end of all meetings.

- I (or a designated person) will pick up my child promptly at Flower City Arts Center at 6pm
- My child will take the RTS city bus. There is a Monroe Ave. bus stop directly across the street.
- My child will carpool with \_\_\_\_\_

EMERGENCY CONTACTS

RELATIONSHIP	NAME	PHONE #

MEDICAL INFORMATION

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Insurance # \_\_\_\_\_

Medical Conditions \_\_\_\_\_ Medications \_\_\_\_\_

Other Special Concerns \_\_\_\_\_

DIETARY RESTRICTIONS

Please check any of the following that apply:

- None  Halal  Vegan
- Gluten-free  Kosher  Vegetarian
- Food allergies, check any that apply:
  - dairy  nuts  tree nuts  chocolate  shell fish  soy  eggs
  - other \_\_\_\_\_

PARTICIPATION CONSENT FOR YOUR CHILD

We agree to the following :

1. My child will attend all meetings of Studio 678 Photo Club. If my child is unable to attend photo club due to illness or a family emergency, I will call or text the photo club teacher (number will be provided).
2. My child will NOT sign up for any school activity which requires attendance during Studio 678 meetings.
3. I will inform my child's teacher, and not send my child to Studio 678 if they have a fever.
4. I will inform my child's teacher, and not send my child to Studio 678 if they have tested positive for Covid-19, they can not return for 10 days from their test date.

I consent to enrolling my child in Studio 678 Wilson Photo Club, a program of Flower City Arts Center (FCAC), 713 Monroe Ave. I give consent for my child to take part in all field trips and to use the facilities at FCAC. I waive and release any and all rights and claims or damages I may have against FCAC staff, teachers, volunteers and their representatives, successors, and assigns for any and all injuries which may be suffered by my child. In case an accident occurs and I or a designated person can not be reached, I give my permission for emergency personnel to be summoned to provide treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

We ask for the following info because funders want to know who we are serving in order for us to receive grants. Your personal info will NEVER be released and will be kept in the strictest confidence.

- Household income and size
- Under \$10,000  10,000-14,999  15,000-24,999  25,000-34,999  35,000-44,999
  - 45,000-54,999  55,000-64,999  65,000-74,999  over 75,000

Number of people in household \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_

# STUDENT PHOTOGRAPHS AND WRITING LIMITED USE AGREEMENT

Each student who participates in photo club will receive a free copy of a book containing their writing and photographs. This book is made possible through funding and business support. Some copies of the book will be used to seek donations for the program.

We ask that each parent/guardian and child sign the following agreement to give permission for limited use of photographs of their child and to protect the children's rights to their artistic work, while authorizing the use of their work and images in the book.

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1. I (parent/guardian), \_\_\_\_\_ give permission for pictures and video of my child to be included in the photo club book and used for other promotional purposes.
  2. I (parent/guardian), \_\_\_\_\_ authorize the use of my child's artistic work in a book which will be distributed for free or used to seek donations for the Studio 678 program.
  3. There will be no additional compensation to my child but any donations received for the book will be used solely to support Studio 678 by Flower City Arts Center, a not for profit organization.
  4. The photographs and writings by my child will be credited to my child.
  5. Select photos may be used for promotion of Studio 678, all other rights to the work remain with my child.

Student Name (printed) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions or concerns feel free to call or text Liz Webster at 585-270-1211.

# ABOUT ME

Name \_\_\_\_\_ Favorite Color: \_\_\_\_\_

Nick Name \_\_\_\_\_ Preferred Prounoun: \_\_\_\_\_

1. Why do you want to join photo club? \_\_\_\_\_  
\_\_\_\_\_

2. What do you want to learn? \_\_\_\_\_  
\_\_\_\_\_

3. What types of things do you want to take pictures of?

- people       nature       city neighborhoods       buildings       sports       musicians  
 dancers       artists       special events       animals       colleges       businesses  
 light & shadows       shapes, lines, & patterns       other: \_\_\_\_\_

4. Have you always lived in Rochester?

- yes  no If not, where were you born? \_\_\_\_\_

5. How do you learn best?

- When I can talk about my ideas, speak, and listen to others  
 When I can look at things like pictures and take notes  
 When I can move around and use my hands

6. Do you have any special talents?

- yes  no If yes, what are they? \_\_\_\_\_

7. What's your favorite class in school? \_\_\_\_\_

8. What do you like to do in your free time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you participate in any other activities outside of school?

- yes  no If yes what are they? \_\_\_\_\_  
\_\_\_\_\_

10. Name 3 types of work or careers are you interested in:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

11. Have any friends of yours signed up for photo club?

- yes  no If yes, please write their names: \_\_\_\_\_  
\_\_\_\_\_