

DreamYard

MS/HS SUMMER 2023 REGISTRATION

Please place an (X) by your chosen class(es). Please keep in mind class dates are subject to change.

HS Classes run through JULY 5TH - AUG 10TH, 2023.

MS Classes run through JULY 17TH - AUG 10TH, 2023.

Send the completed application to DCollado@dreamyard.com

YOUNGER YOUTH OFFERINGS:

(AGES: 14 - 15 / M-Thr from 10 AM - 3 PM)

- Activated Fashion
- Bronx Art Collective (Photography)
- Performing Arts (Dance/Theatre)

OLDER YOUTH OFFERINGS:

(AGES: 16 - 19 / M-Thr from 9 AM - 3 PM)

- Bronx Art Collective (Visual Arts)
- Bronx Acting Ensemble (Theatre)

MIDDLE SCHOOL PROGRAM OFFERING:

(M-THR FROM 10 AM - 3 PM)

- Bronx Liberation League (BXLL)

STUDENT INFO

Participant's Name: _____

School: _____ Grade: _____

Cell Phone #: (_____) _____ - _____

Student Email: _____

Date of Birth: ____/____/____

Gender: _____ Pronouns: _____

Are you new to the Art Center? Yes ___ No ___

How did you hear about our programs? _____

PARENT INFO

Parent/Guardian Name: _____ Relation to participant: _____

Cell Phone #: (____) _____ - _____ Parent Email: _____

Address: _____

Apt No: _____ City: _____ Zip: _____

Language spoken at home: _____

GUARDIAN CONSENT FORM

I, _____, (Parent/ Guardian Name) the legal guardian of _____ (Participant)

LIABILITY

Hereby release DreamYard Project and any organization with which it might contract for service, from any and all liability for any injury that might occur my child during their participation in any program. I understand the details of the program my child is registering for and know that the program is not only educational but can also have physical activity and the use of professional tools/equipment. I grant DreamYard Project permission to provide immediate medical care to my child, whether by DreamYard staff or a medical professional, at their discretion and to the best of their ability.

I acknowledge and agree that my son/daughter shall act responsibly and follow all rules pertaining to these activities and understand that violating the rules may result in the participant being sent home at the parent/guardian's expense.

PHOTO/VIDEO CONSENT

I also grant DreamYard Project the right to use photographs and/or video and other records of my child's likeness, biography, voice, and sounds during her/his participation with DreamYard Project for publicity purposes without compensation to me; this includes but does not limit: art work, programs, projects, or products my child has worked on/created. I further grant DreamYard Project to assist my child with academic counseling, services, or educational advice.

DATA COLLECTION

I give DreamYard and SportUp, a DreamYard partner organization with a mission to improve youth development outcomes, permission to collect my child's identifiable student-level data from his/her school, school district and New York City Department of Education. This data includes grades, attendance, ELA and Math test information, student perception survey, enrollment, biographic, course and credit, fitness, and graduation outcomes for the years of 2009-2010 through 2024-2025. This data and study should benefit the students and schools involved, in particular, evaluating the impact of after-school programs on students' school participation, grades and behavior. I understand that this information will be used solely for evaluation purposes and will only be included in reports in aggregate form.

Parent/Guardian Signature:

Date:

EMERGENCY CONTACT

Emergency Contact Name:

Relation to Participant:

Emergency Contact Phone Number: