

DreamYard

Fall 2025 HS INTEREST FORM

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

All Classes will run from September 2025- May 2026.


Send the completed application to artcenter@dreamyard.com

Saturday High School Programs (Grades 9-12)

 Art Center: 1085 Washington Avenue

- ☐ **A.C.T.I.O.N.** (Civic Engagement) 3:30pm-5pm
- ☐ **Activated Fashion Design** 10am- 3pm
- ☐ **BeatYard** (Music Production) 10am- 3pm
- ☐ **Bronx Acting Ensemble** (Theatre) 10am- 3pm
- ☐ **Bronx Art Collective** (Visual Arts) 10am- 3pm
- ☐ **Bronx Acting Ensemble** (Theatre) 10am- 3pm
- ☐ **Bronx Dance & Movement** 10am- 3pm

Weekday Programs (Grades 9-12)

 Design Center: 337 E 162nd Street

- ☐ **Game Night/Open Studio**, Wednesdays 2:30pm-5pm

 Art Center: 1085 Washington Avenue

- ☐ **A.C.T.I.O.N.** (Civic Engagement) Thursdays, 3:00pm-5pm

PARTICIPANT INFO

Name: _____ Grade: ____ School: _____

Student Email: _____ Cell Phone #: ____-____-____

Date of Birth: _____ Gender: _____ Pronouns: _____ New to DreamYard? ☐ Yes ☐ No

How did you hear about our programs? _____

Does your child have an Individualized Education Program (IEP), 504 Plan, or receive any learning support services? ☐ Yes, (DreamYard will follow up to learn how we can best support your child.) ☐ No

Does your child have any allergies, medical conditions, or dietary restrictions? ☐ Yes ☐ No

Check all that apply: Dairy ☐ Peanuts ☐ Tree Nuts ☐ Shellfish ☐ Gluten ☐ Soy ☐

Vegan ☐ Vegetarian ☐ Pescaterian ☐

If not above, please describe: _____

PARENT/ GUARDIAN INFO

Parent/Guardian Name: _____ How are you related to the participant? _____

Parent Email: _____ Address: _____ Apt No: _____

Zip: _____ Cell Phone #: ____-____-____ 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 to 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 involve 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 I 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: artwork, 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 DreamYard partner organizations 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 2025-2026. 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: _____

Relationship to the Participant (e.g., parent, aunt, mentor): _____

Emergency Contact Phone Number: ____-____-_____