

REGISTRATION FORM

Studio 678: Photography & Writing Program

Name _____ Age _____ Birthday ____/____/____

Address _____ Zip _____

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

Rochester City School District School _____

Parent/Guardian(s) _____

Phone numbers: Home _____ Work _____

Parent Cell _____ Student Cell _____

Parent email _____

Student email _____

Your child's photo teacher will contact you with each week's activities.

Do you prefer voice call, text, or email ? _____

When is the best time to reach you directly? _____

PLEASE let us know if ANY of your contact information changes!

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 (phone number will be provided).
2. My child will attend the first meeting it is a MANDATORY meeting - NO EXCEPTIONS - to join photo club.
3. I (or a designated person) will provide prompt transportation at the end of all photo club meetings.
 - I (or a designated person) will pick up my child promptly at FCAC 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 _____
4. My child will NOT sign up for any school activity which requires attendance during Studio 678 meetings.

Students Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

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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:

- Vegan (No meat, no eggs, no dairy)
- Vegetarian (No meat)
- Gluten-free (No bread, no cereal bars unless they are gluten-free)
- Food allergies, check any that apply:
 - dairy nuts tree nuts chocolate shell fish soy eggs
- other _____

COVID-19 ATTESTATION

I will inform my child's teacher, and not send my child to Studio 678 if they have experienced any of the following symptoms in the 24 hours before a meeting. Fever, Fatigue, Cough, Sneezing, Aches and Pains, Runny or Stuffy Nose, Sore throat, Diarrhea, Vomiting, Headaches, Shortness of breath.

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COVID-19 ATTESTATION CONTINUED

- 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 14 days from the positive test.
- I will inform my child's teacher, and not send my child to Studio 678 if they have recently been in close contact with anyone who has tested positive for COVID-19.
- My child will wear a face mask for the entirety of the time they are at Studio 678. If they do not have a mask I will inform their teacher so we can provide them with one.
- I give consent to Flower City Arts Center staff, and contract teachers to take my child's temperature upon arrival. If your child's temperature is above 100.4 they will not be allowed to attend that days meeting.

PARTICIPATION CONSENT FOR YOUR CHILD

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: _____
