



Arts & Smarts Registration Form

Participants Grade 1-8

Summer 2018

Child's Name _____ Age _____ Male Female

Name of Parent(s) or Guardian(s) _____

Street _____ City _____ Zip _____

Phone Number _____ Alternate Phone number _____

School _____ Grade Just Completed _____

Please list any allergies or food restrictions your child has _____

Emergency contact person (other than guardian(s)) _____

Relationship to child _____

Emergency Contact Phone Number _____ alternate phone number _____

Emergency contact address _____

Please register my child in the following:

(Check all that apply. If any week is full, your child will be placed on a waiting list.)

- | | | | |
|---|------------|------------------|--------------------------------------|
| <input type="checkbox"/> Art Garden Week I | June 4-7 | 9:30 am-11:45 am | Completed 1 st Grade & up |
| <input type="checkbox"/> Bike Repair Week I* | June 11-14 | 9:30 am-11:30 am | Ages 11 & up |
| <input type="checkbox"/> Bike Repair Week II* | June 18-21 | 9:30 am-11:30 am | Ages 11 & up |
| <input type="checkbox"/> Dance Week** | June 25-28 | 9:30 am-11:30 am | Completed 1 st Grade & up |
| <input type="checkbox"/> Art Garden Week II | July 9-12 | 9:30 am-11:45 am | Completed 1 st Grade & up |
| <input type="checkbox"/> Garden Feast | July 12 | 5:00 pm-7:00 pm | EVERYONE! |

*Bike Weeks are presented in collaboration with EVPL Year of Hip Hop.

**Dance Week is presented in collaboration with Children's Center for Dance Education.

Parents, guardians, and teens may attend Arts & Smarts programming with children, but they must complete the appropriate volunteer applications and background check.

There is no cost to participate in Patchwork's summer program.

SIGNATURE REQUIRED ON BACK...

Emergency Medical Information

Family/Child's Physician _____ phone _____

List/explain any allergies, medications, or existing conditions that require special attention:

Are there any emotional or behavioral disorders or physical limitations that Patchwork should be aware of in order to better serve your child? _____

Do you have a hospital preference? _____

****PARENT/GUARDIAN SIGNATURE:**

I, the undersigned parent or guardian of the minor child named above, hereby grant permission for this child to participate in all activities as part of the programs described including off-campus activities. Further, I agree to assume all risks and liabilities associated with my child's participation in said program(s) and to hold Patchwork Central and all Patchwork Central employees, interns, and volunteers harmless from all claims that may arise as a result of such participation. In case of emergency, I hereby authorize Patchwork Central and its staff to obtain medical care for my child.

Patchwork Central has my permission to photograph and/or videotape the minor child named on this form and his or her artwork during the program(s) for publicity purposes and use in all media.

Please complete page 3 of this form. One of our funders requires us to collect the information on it. The form will be kept at Patchwork and no information individually identifying your child/family will be released.

It is because of this funder and many others that we are able to offer our children's programming at no cost to every family who would like to participate.

Thank you for your cooperation.

Parent/Guardian Signature _____ date _____

YES!! Please add me to Patchwork's email mailing list with bi-weekly newsletters and other updated information about all of Patchwork's programs.

My email is _____

Please return this form to: Patchwork Central, Inc., 100 Washington Ave, Evansville, IN 47713-1521 • Phone: 812- 424-2735

CDBG Participant Profile Form

1. **Participant Name:** _____

2. **Race (Pick One):**

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi - Racial |

3. **Hispanic Ethnicity** Yes No

4. **Female Headed Household** Yes No

5. **Military Veteran Household** Yes No

6. **Disability** Yes No

7. **Income Guidelines:**

- a. Step 1—Circle the number of persons in your household.
- b. Step 2—Circle your household income range (under the number you already circled in Step 1.)

Number of Persons in Your Household								
2018 AMI Effective 4/1/18	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
0-30%	\$0-13,700	\$0-16,460	\$0-20,780	\$0-25,100	\$0-29,420	\$0-33,740	\$0-38,060	\$0-42,380
31-50%	\$13,701-22,800	\$16,461-26,050	\$20,781-29,300	\$25,101-32,550	\$29,421-35,200	\$33,741-37,800	\$38,061-40,400	\$42,381-43,000
51-80%	\$22,801-36,500	\$26,051-41,700	\$29,301-46,900	\$32,551-52,100	\$35,201-56,300	\$37,801-60,450	\$40,401-64,650	\$43,001-68,800
Over 80%	\$36,500+	\$41,700+	\$46,900+	\$52,100+	\$56,300+	\$60,450+	\$64,650+	\$68,800+

DEFINITION OF A FAMILY: A family is defined as all persons living in the same household who are related by blood, marriage, or adoption, including adult children who continue to live at home with their parent(s) and a dependent child who is living outside of the home (e.g, students living in a dormitory). An individual living in a housing unit that contains no other person(s) related to him/her is considered to be a one person family for this purpose. **FAMILY INCOME:** Income includes wages, salaries, tips; self-employment or business income, unemployment & disability income, retirement & insurance income, public assistance, interest & dividend income, alimony, child support, gift income, armed forces income for all family members 18 years of age and older.

I hereby certify that the information included on this form is correct to the best of my knowledge and that such information may be subject to verification by representatives of the City of Evansville and/or the United States Department of Housing and Urban Development for purposes of meeting the federal requirements of the Community Development Block Grant (CDBG) program. By my signature, I acknowledge that all information I have provided is true and correct to the best of my knowledge. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I am aware that making a false statement to obtain benefits to which I am not entitled is a crime and may subject me to both civil and criminal penalties.

Parent Signature: _____ **Date:** _____