



**Patchwork
Central**
Creating Community

**Arts & Smarts
Participant Grades 1-8 Registration Form
2023-2024 School Year**

Name of Child: _____

Age: _____ Birthday (so we can celebrate!): Month _____ Day _____

Names of any siblings also attending our programs: _____

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

Address: _____ City/Zip: _____

Phone number: _____ Alternate Number: _____

Parent's email: _____

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

School: _____ Teacher: _____ Grade: _____ Dismissal Time: _____

Food allergies and/or restrictions your child has: _____

Emergency Contact (other than guardian): _____ Relationship to child: _____

Emergency contact's phone: _____

What days can your child attend our program? _____

What time will they arrive? _____

How did you hear about Patchwork's children's program? _____

Please register my child in (check all that apply):

- ☐ **Leadership Camp** – Grades 6-8; Monday-Thursday; 3:15 pm-5:45 pm
-Begins Tuesday, September 6 and continues through September 18
-Successful participants will be invited to join the Leadership Team, who are youth leaders in Patchwork's Arts & Stuff activities through the rest of the year.
- ☐ **Homework Help** – YES! Please check with my child every day during program and provide assistance with any homework they have for up to 45 minutes each day.
- ☐ **Art & Stuff** – Grades 2+; Monday-Thursday; 3:15 pm-5:45 pm
-Begins September 19
-Includes things like art, games, other cultures, Book Club, cooking, and more!

Emergency Medical Information (optional; to help us in case of emergency):

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? _____

Are there any additional instructions or things you would like us to know related to emergency situations, pick up and drop off time, or any other part of your child's participation here? _____

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.

Photo permission: 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.

Parent Communication: All communication from our Arts & Smarts staff by phone, text, and email will come to you, the parent/guardian. We will not communicate directly with your children by phone or email.

Parent/Guardian Signature _____ date _____

**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								
2021 AMI Effective 7/1/2022	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
0-30%	\$0-18,350	\$0-21,000	\$0-23,600	\$0-26,200	\$0-28,300	\$0-30,400	\$0-32,500	\$0-34,600
31-50%	\$18,351- 30,600	\$21,001- 34,950	\$23,601- 39,300	\$26,201- 43,650	\$28,301- 47,150	\$30,401- 50,650	\$32,501- 54,150	\$34,601- 57,650
51-80%	\$30,601- 48,900	\$34,951- 55,900	\$39,301- 62,900	\$43,651- 69,850	\$47,151- 75,450	\$50,651- 81,050	\$54,151- 86,650	\$57,651- 92,250
Over 80%	\$48,901+	\$55,901+	\$62,901+	\$69,851+	\$75,451+	\$85,051+	\$86,651+	\$92,251+

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:** _____