



AGENCY: **Puerto Rican Arts Alliance**  
 PROGRAM: **Studio Arts Program**  
 1440 N Sacramento Ave. 2nd Floor  
 (Humboldt Park Field House)  
 773-342-8865 x104 - info@praachicago.org  
 www.praachicago.org/studioarts

FOR PRAA ADMINISTRATIVE PURPOSES	
<input type="checkbox"/>	Enrolled _____
<input type="checkbox"/>	Declined _____
<input type="checkbox"/>	Waiting List _____
FOR PRAA ACCOUNTING PURPOSES	
	Registration Date: _____
	Course ID: _____
<input type="checkbox"/>	Paid Registration Fee: _____
<input type="checkbox"/>	Paid Studio Fee: _____
<b>Total Paid: \$</b>	

FORM\_2017.1

<b>Studio Arts Apprenticeship:</b> <input type="checkbox"/>	Summer (Morning) <input type="checkbox"/>	Fall <input type="checkbox"/>	
	Summer (Afternoon) <input type="checkbox"/>	Winter/Spring <input type="checkbox"/>	
<b>Clemente Mural Project:</b> <input type="checkbox"/>	Summer <input type="checkbox"/>	Fall <input type="checkbox"/>	Winter <input type="checkbox"/>
<b>Latin Music Project</b> <input type="checkbox"/>	Summer (Morning) <input type="checkbox"/>		
	Summer (Afternoon) <input type="checkbox"/>		
<b>Date:</b>	<b>Course ID:</b>	<b>Course Name:</b>	

## REGISTRATION FORM: STUDIO ARTS PROGRAM (SAP)

### PARTICIPANT CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION (if a minor)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Phone (Parent/Legal Guardian): \_\_\_\_\_ Email (Parent/Legal Guardian): \_\_\_\_\_

### PARTICIPATION AGREEMENT (INITIALS & SIGNATURES):

- I hereby give permission to participate in PRAA educational program(s), class(es), and field trip(s). I fully assume all responsibility for injuries my child(ren) or I may receive or for articles lost while participating in these activities or while in travel to or from educational activities and field trips, and hereby release PRAA and its employees from liability for any injury I or my child(dren) may sustain.
- In the event of a medical emergency, I hereby authorize and give my consent to PRAA and its employees and/or volunteers to secure from any accredited hospital, clinic, and/or physician any treatment deemed necessary for my child or my immediate care. I agree that I shall remain responsible for any and all expenses incurred for such emergency medical care and treatment.
- I hereby give permission to PRAA to use any and all photograph(s), video(s), recording(s) or other type of documentation of PRAA class(es) in which I or my child(dren) may appear (ward of the state excluded). The usage is inclusive of, but not limited to, the publication of brochures, posters, catalogs, handbooks, banners, broadcast or print advertisements. I agree to waive any claim to compensation for use of said documentation material(s).
- I have received, read and understand "PRAA Participation Agreement" and agree to abide by the policies stated therein. **I understand that a completed and signed Registration Form and PAID registration fees are due the first day of class or my child or I will not be enrolled.** I have read, provided accurate emergency information and agreed to all the information contained in this form.

**Participant Signature:** \_\_\_\_\_

**(if a minor) Parent/Guardian Signature:** \_\_\_\_\_

**Program Manager Signature:** \_\_\_\_\_

The data collected in the PRAA's STUDIO ARTS PROGRAM REGISTRATION FORM will be managed by CitySpan System.  
 All information shared will be managed with strict confidentiality.



TYPE OF PROGRAM	
<input checked="" type="checkbox"/>	Out of School
<input type="checkbox"/>	Mentoring
PRAA Administrative Office	
3000 N Elbridge Ave Chicago, IL 60618 773-342-8865 x.104	
www.praachicago.org/studioarts	

DATE: \_\_\_\_\_

## REGISTRATION FORM: STUDIO ARTS APPRENTICESHIP PROGRAM (SAAP)

The Studio Arts Apprenticeship Program is an after-school job program for teens ages 14 to 18.

Teens receive CA\$H stipends if they complete the program requirements.

Teens applying for an apprenticeship need to complete an interview with the apprenticeship instructor.

To schedule an interview call 773-342-8865 x.104 or email info@praachicago.org

DEMOGRAPHIC INFORMATION					
Student Last Name:		Student First Name:		Middle Name:	
Date of Birth (MONTH / DATE / YEAR):		Age:	Gender:	MALE	FEMALE
				<input type="checkbox"/>	<input type="checkbox"/>
Social Security ID# :		Race (check one):		Ethnicity:	
		American Native: <input type="checkbox"/> Hawaiian/Pacific: <input type="checkbox"/> Asian: <input type="checkbox"/> White: <input type="checkbox"/> Black: <input type="checkbox"/> Multi Racial : <input type="checkbox"/>		Hispanic: <input type="checkbox"/> Non Hispanic: <input type="checkbox"/> Cultural Heritage: _____	
Current Grade or Highest Level:		School Name:		CPS Student ID#:	
Disabled:					
Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes explain: _____					
Allergies/Medications/Health Conditions:					
Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes explain: _____					

## FINANCIAL & HOUSEHOLD INFORMATION

Family Size (write number people living in household): \_\_\_\_\_ Monthly Income: \_\_\_\_\_ \$

Family Type: (check one)
Single Parent/Female: <input type="checkbox"/>
Single Parent/Male: <input type="checkbox"/>
Two Parent home: <input type="checkbox"/>
Independent Youth: <input type="checkbox"/>
Relative: <input type="checkbox"/>
Guardian: <input type="checkbox"/>

Housing Status: (check one)
Rent: <input type="checkbox"/>
Own: <input type="checkbox"/>
Homeless/shelter: <input type="checkbox"/>
Temporary Housing: <input type="checkbox"/>

Food Stamps: (check one)
Yes: <input type="checkbox"/>
No: <input type="checkbox"/>

Free/Reduced Lunch: (check one)
Yes: <input type="checkbox"/>
No: <input type="checkbox"/>

Income Source: (check all that apply)	
Employment: <input type="checkbox"/>	Social Security: <input type="checkbox"/>
Pension: <input type="checkbox"/>	Unemployment Insurance: <input type="checkbox"/>
TANF: <input type="checkbox"/>	SSI: <input type="checkbox"/>
Earnfare: <input type="checkbox"/>	Other (including SSDI, Child Support and VA Benefits): <input type="checkbox"/>

Health Insurance: (check one)
Yes: <input type="checkbox"/>
No: <input type="checkbox"/>

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