



WITH THESE HANDS MIX ACADEMY ENROLLMENT FORM

SEMESTER YEAR: _____

For questions, please contact the director.

STUDENT INFORMATION

First Name: _____

Middle Initial: _____

Last Name: _____

Date of Birth: ____/____/____ Age: _____

Gender: Male Female

Current School: _____

Grade level: _____

Race/Ethnicity (check all that apply):

Black/African American

Asian or Pacific Islander

Latino/Hispanic

Other languages spoken: _____

Student Cell Phone (if applicable): _____

Student Email: _____

MySpace: _____

FaceBook: _____

Do you have another child in With These Hands?

Yes No

Other child's name in WTHands: _____

Native American or Alaskan Native

White/Caucasian

Other (please specify) _____

Primary language spoken at home: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:

FIRST LAST

Relationship to Child: _____

Does child live with this individual?

Yes No Part-time

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Employer Name: _____

Employer Phone: _____

Best Time to Call: _____

Preferred Method of Contact:

Home Work Cell Phone Email Text

Other Parent/Guardian Name:

FIRST LAST

Relationship to Child: _____

Does child live with this individual?

Yes No Part-time

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Employer Name: _____

Employer Phone: _____

Best Time to Call: _____

Preferred Method of Contact:

Home Work Cell Phone Email Text

If English is not your first language, is there an English-speaking adult (family member or friend) with whom we can contact regarding your child's progress? If so, list their name, phone number and relationship to you:

Student's Name: _____

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FIRST AID & EMERGENCY MEDICAL CARE

Date of Birth: ____/____/____ Student's physician/clinic: _____

Physician/clinic address: _____ Physician/clinic phone: _____

Health Insurance Coverage (Blue Cross/Blue Shield, Aetna, United Healthcare etc.): _____

Policy Number: _____

Does the student have allergies, special diets, or medications? Yes No If yes, please specify: _____

Does the student have special limitations or concerns? Yes No If yes, please specify: _____

Does the student have chronic health conditions? Yes No If yes, please specify: _____

Eye Color: _____ Skin Color: _____ Hair Color: _____ Height: _____ Weight: _____

Identifying marks/features: _____

I authorize staff and volunteers of the With These Hands Mix Academy who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize With These Hands Mix Academy's staff and/or volunteers to transport my child to the nearest medical facility and to secure necessary medical treatment for my child. I will not hold the program responsible for accidents or injuries that may occur and I agree to be responsible for any charges incurred in the rendering of care and treatment for my child.

Yes No

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACTS (including yourself; must be 18 or older)

Name: _____
FIRST LAST

Name: _____
FIRST LAST

Home Address: _____

Home Address: _____

Relationship to Child: _____

Relationship to Child: _____

Phone 1: _____ Phone 2: _____

Phone 1: _____ Phone 2: _____

Do you give permission for student to be released to this person? Yes No

Do you give permission for student to be released to this person? Yes No

Parent/Guardian Signature: _____ Date: _____

Student's Name: _____

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Essay: Please complete a one-page personal statement and submit it with your application.

Question: How would you define dedication?

STUDENT BACKGROUND QUESTIONNAIRE (TO BE COMPLETED BY PARENT)

1. Please describe your child:

Strengths: _____

Weaknesses: _____

2. How would you rate your child's academic performance:

Excellent Good Average Needs Improvement

3. How would you rate your child's behavior:

Excellent Good Average Needs Improvement

4. Do you have any immediate concerns about your child?

5. What are your reasons for letting your child participate in With These Hands Mix Academy?

6. What are your goals for your child while attending With These Hands Mix Academy?

7. Would you be willing to help with fundraising for the organization? Yes No

8. Would you be willing to volunteer? Yes No

9. Would you be willing to help with promoting the school? Yes No

Student's Name: _____

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PROGRAM PARTICIPATION CONSENT

Field Trips

I give permission for my child to attend all trips associated with the With These Hands Mix Academy program. This includes service projects and field trips that may involve walking and travel by public transportation and/or private bus. These trips may occur on non-program days. I understand that With These Hands Mix Academy will provide appropriate supervision. I will not hold the program responsible for accidents or injuries that may occur.

Initial here:

WATC (We Are The Champions) Participation

I understand that my child will have up to two final presentations (known as WATC) per semester and his/her participation is critical to the learning process and to the project's overall success. I am aware that such events may occur outside of program and commit to ensuring my child's attendance. I will communicate any unforeseen conflicts with the director at least two weeks prior to the event.

Initial here:

Behavior

I understand that With These Hands Mix Academy is responsible for maintaining a safe, educational environment and if my child's behavior is disruptive or in violation of With These Hands rules for student behavior s/he may be dismissed from With These Hands Mix Academy.

Initial here:

Photographs/Video/Internet

I hereby give permission for my child's photograph to be taken and for him/her to be captured on video in connection with the activities of With These Hands Mix Academy and to be used in newspaper and magazine articles, on television and other presentations concerning the program, or on the internet. Your child would only be identified by first name, if at all.

Initial here:

- Student's first name
- Student's photo or likeness
- Video of students in a group
- Student's intellectual property such as essays, performances, etc.

Parent/Guardian Signature: _____ Date: _____

Thank you for enrolling in With These Hands Mix Academy!
For questions about the program, please call:
704.796.2842 or 704.490.0170