



SUMMER STUDIOS 2018 REGISTRATION

Participant Name: _____ Date of Birth: ___/___/___
 (*must be between 12-18y/o to register)

2018-19 Grade Level: _____ School: _____

Emergency Contact & Number: _____
 *Please inform Rockettown staff in advance of any relevant physical/mental health concerns.

Purpose:

Rockettown Summer Studios gives teens opportunities to dive deeper into the arts and processes of film and music production, discover new passions and skills, and develop meaningful relationships with peers and mentors.

Schedule:

Summer Studios run from **9am-3pm, Monday-Friday**. Early drop-off is available at 8:00am for an additional \$10/week. Participants may also remain at Rockettown during general operating hours (3-8pm) at no additional cost. Each week will include an overall theme and a field trip off campus. Summer Studios will *not* be offered the week of the Fourth of July.

Sample Daily Schedule:

- 9-9:30am: Team-building Activity/Game
- 9:30-10:30am: Rotation 1 (Recording Studio/Art)
 - 10:30-11:00am: Break/Game
- 11:00am-12:00pm: Rotation 2 (Art/Recording Studio)
 - 12:00-1pm: Lunch/Free time
- 1-2pm: Whole Group Project (Film-making)
- 2-3pm: Electives (Arts, Career Skills, Athletics, etc.)

Lunch:

Lunch will NOT be provided. Participants can either bring their own lunch or purchase their lunch from the Coffee Bar. Weekly lunch plans are available for an additional \$40/week (not covered by scholarship).

Cost:

\$75/week for each attendee (\$100/week if registering less than 2 weeks before the attended week)

Scholarships available for families who need financial assistance (separate application)

Payments can be made in person at the Rockettown Coffee Bar.

Weeks Attended/Cost Calculator:

Please check which week(s) this participant will be attending and if they will be adding early drop-off or lunch options:

Week (\$75/wk):	Early Drop-off (+\$10/wk)	Lunch Option (+\$40/wk)	Weekly Cost:
<input type="checkbox"/> June 11-15	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> June 18-22	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> June 25-29	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> July 9-13	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> July 16-20	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> July 23-37	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Total Cost: _____

_____ Check here if you intend to apply for a scholarship (please fill out the separate scholarship application).

ROCKETOWN POLICIES AND PERMISSIONS

(TO BE COMPLETED BY A PARENT/GUARDIAN)

ROCKETOWN MISSION AND VISION:

MISSION - TO OFFER HOPE TO THE NEXT GENERATION THROUGH CHRIST'S LOVE.

VISION – TO BE THE PLACE OF PEACE, PURPOSE AND POSSIBILITIES FOR YOUTH.

ROCKETOWN POLICIES:

ROCKETOWN EXPECTS ALL PARTICIPANTS TO BE RESPECTFUL AND BE RESPONSIBLE. ROCKETOWN DOES NOT PERMIT FIGHTING, VANDALISM, OFFENSIVE LANGUAGE, SEXUAL BEHAVIOR, BULLYING, POSSESSION/USE OF DRUGS/ALCOHOL, POSSESSION/USE OF WEAPONS, OR ANY FORM OF GANG REPRESENTATION OR INTIMIDATION. ANY BEHAVIOR THAT DOES NOT MEET THESE EXPECTATIONS MAY RESULT IN CORRECTIVE ACTION FROM THE STAFF.

ROCKETOWN IS NOT RESPONSIBLE FOR:

- ANY LOST OR STOLEN ITEMS.
- PROVIDING TRANSPORTATION FOR PARTICIPANTS TO AND/OR FROM ROCKETOWN.
- ANY INCIDENT THAT MAY TAKE PLACE ON THE MTA BUS AND/OR AT THE MTA DEPO.
- KEEPING ANY PARTICIPANT ON THE ROCKETOWN PREMISES DURING GENERAL OPERATING HOURS.
- ADMINISTERING AND/OR STORING MEDICATIONS.
- ANY ACCIDENT OR INJURY THAT MAY OCCUR ON OR OFF THE ROCKETOWN PREMISES.

PARTICIPANT PERMISSIONS:

AS THE LEGAL GUARDIAN OF _____, I AGREE TO GIVE ROCKETOWN PERMISSION TO:

PARTICIPANT'S NAME

- PHOTOGRAPH OR DIGITALLY RECORD MY CHILD FOR MEDIA AND WEB PUBLICATIONS.
- ALLOW NON-ROCKETOWN MEDIA OUTLETS TO PHOTOGRAPH OR DIGITALLY RECORD MY CHILD AT ROCKETOWN.
- HONOR MY CHILD PUBLICLY, INCLUDING IN THE MEDIA.
- HAVE THE SCHOOL RELEASE MY CHILD'S RECORDS THAT MAY CONTAIN PERSONAL INFORMATION (SUCH AS GRADES, ATTENDANCE, BEHAVIOR, IEPs, HEALTH RECORDS, ETC.) AND TO SHARE THIS INFORMATION WITH ROCKETOWN, AS PERTINENT TO HELP MY CHILD SUCCEED IN SCHOOL.

THE SIGNATURE BELOW ACKNOWLEDGES THAT I HAVE READ AND UNDERSTAND THE POLICIES OF ROCKETOWN, AND I HEREBY CONFIRM THAT ALL OF THE PERMISSIONS LISTED ABOVE APPLY TO MY CHILD FOR THE DURATION OF THEIR TIME AT ROCKETOWN.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
(PARTICIPANT IF 18 OR OLDER)

PARENT/GUARDIAN NAME (PRINTED) _____

FIELD TRIP ADDENDUM

AS PARENT/GUARDIAN, I ACKNOWLEDGE THAT ROCKETOWN WILL OCCASIONALLY OFFER OFF-CAMPUS FIELD TRIPS, BOTH BY WALKING TO NEARBY LOCATIONS AND/OR RENTING A VEHICLE FOR TRANSPORTATION. I HEREBY GIVE ROCKETOWN PERMISSION TO TRANSPORT MY CHILD TO AND FROM CAMPUS FOR FIELD TRIPS AND/OR SPECIAL EVENTS.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____)

Exhibit 1
MDHA SUMMER YOUTH PROGRAM

Self-Declaration Form
For

Rocketown Summer Studios

We received a portion of our summer youth program funding from Community Development Block Grant (CDBG) funds. Documentation of family income is a requirement for us to receive these funds. Please give us an honest account of your family's income (before taxes come out). Your child will not be disqualified for this program because of income, so please be as accurate and honest as possible. Thank you!

NAME OF PARTICIPATING YOUTH: _____
(Please Print)

ADDRESS OF YOUTH: _____
Street Address Zip Code

DO YOU RESIDE IN PUBLIC HOUSING? ___ YES ___ NO

IF YOU ANSWERED "YES", PLEASE GIVE NAME OF THE MDHA PROPERTY WHERE YOU LIVE

Please enter the appropriate number of persons and the level of gross (before taxes are taken out) annual income that applies to your household

Number in Household

Annual Gross Income

_____ persons

I certify that the information on this form is accurate and to the best of my knowledge.

AUTHORIZATION TO RELEASE PROGRAM PHOTOGRAPHS:

I authorize your organization and the Metropolitan Development and Housing Agency to utilize photographs, which may include my child/children, to be used in media releases.

Parent/Guardian's Signature
Telephone Number _____

Date

FOR SUMMER YOUTH PROGRAM AGENCY USE ONLY:

Please indicate the income level category for this application based on the income limits by family size for the 201-65 program year:

____ 30% AMI ____ 50% AMI ____ 80% AMI ____ over 80% AMI

PARTICIPANT DATA

We must report expenditure of funds by race/ethnic group, disability and head-of-household to HUD each year. Please check the appropriate line in each of the following categories (1-5).

1. Everyone Please Check One

- Hispanic
 Non-Hispanic

2. Everyone Please Check One

- Single Race (If you check this line, please go to #3)
 Multi-Race (For example, Mother is White, Father is African-American) (If you check this line, please go to #4)

3. If you checked Single Race, Please Check One

- Alaskan, Native or American Indian
 Asian
 Black or African-American
 Pacific Islander
 White

4. If you checked Multi-Race, Please Check One

- Alaskan/Native or American Indian AND White
 Asian AND White
 Black or African-American AND White
 Alaskan, Native American Indian AND Black or African American
 Others _____

5. Please let us know if the head of household has a disability.

- The head of household has a disability
 The head of household does not have a disability

THANK YOU FOR YOUR ASSISTANCE!