



Charleston SC

843-834-7839
Unlockingpotentialinyou.com

Dear Parent/Guardian:

Welcome to THE *UP* PROGRAM Attached please find our program application, as well as a release of information request and a student intake form. The student intake form is designed to give us an idea of your child's talents and experience with the arts. Feel free to help them complete this form if necessary.

As you go through the application, you'll notice that it includes some personal, in-depth questions about your child's behavior, medical history, and other background information. Please don't be offended! We don't ask these questions to be nosy; the more information we have about your child, the more effectively we can work with them and the better their *UP* experience will be. All information on this form is kept confidential.

Thank you so much for your interest in THE *UP* PROGRAM. Please contact us with any questions or concerns. We look forward to hearing from you and meeting your child soon.

All best,

The *UP* Family

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Today's Date:

APPLICATION for THE UP PROGRAM (Please Print)

Child's Name:

Address:

Child lives with:

Birth Date: Age: School: Grade:

*Race/Ethnicity (please check one): Black/African American Black/African American & White
 White/Caucasian Native Hawaiian/Other Pacific Islander Hispanic Ethnicity
 American Indian/Alaskan Native & White Other Multi-Racial Asian & White
 Asian Am. Indian/Alaska Native & Black or African Am.

American Indian/Alaskan Native I prefer not to indicate my child's race *Our federal funders require this information. If you aren't comfortable indicating your child's race/ethnicity, that's fine— please mark this on the form.

Guardian(s) Name(s): _____

Relationship to child: _____

_____ () - () - () - _____

Address City Zip Home Phone Work Phone Cell Phone

Email address: _____

Can you be contacted at work? Yes No

EMERGENCY CONTACTS (other than guardian or doctor)

Name/Relationship	Address	Primary Phone	Secondary Phone

Name/Relationship	Address	Primary Phone	Secondary Phone

Does your child have transportation?: Yes No

If yes, please describe method of transportation

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OTHER PERSONS AUTHORIZED TO PICK UP THE CHILD:

Name/Relationship	Address	Primary Phone	Secondary Phone

Name/Relationship	Address	Primary Phone	Secondary Phone

My child participates in the free or reduced lunch program. Yes No

I give permission for UP to verify my child's participation in Free/Reduced Lunch Program:

Sign: _____ Date and time: _____

How did you hear about UP?

Source: ___ Brochure ___ Friend ___ School ___ Other: _____

Briefly state how you know the child you are referring to the UP Program:

State why you believe the child you are referring would benefit from participation in the UP program:

Please include a statement from the child why she or he would like to participate in the UP program and which art form would interest them the most (music, art, dance, drama, poetry, etc.)



PUBLICITY RELEASE IS OPTIONAL

I hereby give permission for my child’s picture to be in the newspaper.

Yes No

I hereby give permission for my child’s picture to be used in *UP* social media on the internet (Facebook, *UP* website, etc.). *UP* will never identify a student by name unless otherwise given permission from guardian and student.

Yes No

I hereby give permission for my child to be included in television filming of *UP* activities.

Yes No

I hereby give permission for my child to be photographed during *UP* activities.

Yes No

GUARDIAN’S RELEASE AND IDEMNITY AGREEMENT

I am the undersigned parent and/or guardian of _____, who is a minor child. In consideration for the admission and participation in the *UP* program without cost, I do forever release, discharge and covenant to hold harmless *UP*, members of the *UP* staff, volunteers and members of the Board of Directors and any other person or persons charged or chargeable with responsibility or liability from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of actions belonging to the minor or to the undersigned arising out of or derived from participation in all *UP* activities and particularly all personal injuries, disabilities, property damage, loss or damages of any kind sustained my child or by the undersigned as a consequence of participation in any or all *UP* activities. I, the undersigned, am hereby bound as are my heirs, administrators, executors, successors and assigns to repay *UP* and any other person charged with the responsibility or liability any additional sum of money that any of them hereafter may be compelled to pay on account of any injury or illness to the minor child that may arise as a result of his/her participation in any or all *UP* activities. This agreement will also cover any fieldtrips *UP* may take to transport my child. The undersigned hereby releases and discharges *UP*, its staff, volunteers, and any other transportation *UP* uses, from any claims or liability, present or future. *UP* has my permission to transport my child to and from activities sponsored by *UP* within the County at dates and times approved by *UP*.

I have been informed and fully understand the operating policies of *UP*

Parent/Guardian Signature Date and time

Parent/ Guardian Name

(Please write legibly)

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Attendance Policy (PLEASE READ CAREFULLY):

We would like to take this opportunity to clarify that we are not a drop-in program. Regular attendance at UP is required. If your child(ren) is(are) going to be absent for any reason, please call us ahead of time (843-834-7839). Our program is in high demand, and we have many students on our waiting lists for our classes. After 3 unexcused absences, or a total of 5 absences of any kind, we will have to make your child's space available to students on the waiting list. We understand that there are many opportunities for your child(ren) in the community, but we would like to clarify that by enrolling your child(ren) in the UP program you are making a commitment to the program. If you have any questions, please don't hesitate to ask Anastatia Ketchen (Program Director) Jason Slade (Assistant Director). Thank you!

By signing below, you acknowledge that you have read the above attendance policy and agree to its terms:

Parent/Guardian Signature Date

Parent/ Guardian Name
(Please write legibly)

GUARDIAN PERMISSION AND MEDICAL FORM

PARENTS:

I, _____ having legal custody of _____ grant permission for him/her to participate in the UP program. I understand that my child will be participating in arts related activities out of the home for my son/daughter. MEDICAL:

Since an emergency could arise where staff members or volunteers feel that my child would need to get to the hospital or elsewhere for immediate medical attention, I agree for staff members or volunteers to refer the above named person for medical care if needed.

Please indicate name, address, and phone number for preferred physician and medical location:

Physician Name Address City Zip Phone

Preferred Hospital Address City Zip Phone

Insurance or Medicaid Number: _____

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Allergies (food, drugs, etc): _____

Any previous diseases or illnesses: _____

Any physical handicaps or special needs? Yes No

If yes, please describe:

Is child under care of doctor? Yes No

If yes, for what reason: _____

Is child on any medication? Yes No

If yes, what? Please include medication and dosage:

Does your child have any history of convulsions: Yes No

Does your child have any history of diabetes: Yes No

Does your child have any history of heart problems: Yes No

Does your child have any history of asthma: Yes No

Has your child experienced abuse or neglect? Yes No

If yes, please explain: _____

Is this youth currently exhibiting violent behavior (in the last 3 months)? Yes No

If yes, please explain: _____



Does the child have any history of violent behavior? Yes No

If yes, please explain: _____

Does child have any history of drug/alcohol use? Yes No

If yes, please explain: _____

Has your child been suspended from school within the last year? Yes No

If yes, date of suspension:

Please explain: _____

Is your child known to the Juvenile Court? Yes No

If yes, give the name of his/her court counselor: _____

Signature of Parent/Guardian Date and time

Home Phone: () - Work Phone: () - Cell Phone: () -

Emergency Contact: _____ Relationship to Youth: _____



The *UP* Program Student Intake Form

We want to know what *UP* Students, like you, would like from the programs and classes we offer. Please take a few minutes to answer the following questions. The information you provide will help *UP* Staff make sure that your goals are being met through the programs. Part 1: Reasons Why You Want to Be An *UP* Student. Students join *UP* for all different reasons. What are some of yours? Shade circle one phrase in each row to let us know if you agree with the statement.

I want to enroll in the *UP* Program because...

1. I want to develop my artistic skills.

I agree a lot I agree a little I do NOT agree

2. My parents told me to enroll.

I agree a lot I agree a little I do NOT agree

3. I have heard from my friends that this is a fun program.

I agree a lot I agree a little I do NOT agree

4. Classes will give me something fun to do after school.

I agree a lot I agree a little I do NOT agree

5. I want to make new friends who share my interest in art.

I agree a lot I agree a little I do NOT agree

6. I want to learn new ways to express myself.

I agree a lot I agree a little I do NOT agree



7. I might learn new things that will help me do better in school.

I agree a lot I agree a little I do NOT agree

8. I enjoy art activities and think this will be fun.

I agree a lot I agree a little I do NOT agree

9. I plan to be an artist (for example, an actor, writer, painter, or singer), and this will help me with my career.

I agree a lot I agree a little I do NOT agree

Part 2: Your Experience with the Arts

Some *UP* students have never participated in the arts before. Others have had lessons, taken art classes at school, have sung in the choir at church, or played in the school band. What is your experience in the arts?

During the past year, have you participated in any arts classes or programs at school? This might include the band, chorus, dance or step team, drama club or after school arts programs. Yes No

If yes, please describe:

During the past year, have you participated in any arts classes or programs in the community? This might include singing in the church choir, taking art lessons, or taking dance lessons. Yes No

If yes, please describe:



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FREE LUNCH VERIFICATION FORM

TO: CHARLESTON/ DORCHESTOR/ BURKLEY COUNTY CHILD NUTRITION DEPARTMENT

FROM: THE UP PROGRAM

Name and position of agency staff member requesting information (Please print)

RE:

Student's Full Name (Please print)

Student's Home Address

School Name

PARENT'S PERMISSION AND SIGNATURE:

I hereby grant permission to The UP Program (Agency Name) to contact the CHARLESTON/ DORCHESTOR/ BURKLEY County Child Nutrition Office to verify that he/she receives free or reduced lunch from the CHARLESTON/ DORCHESTOR/ BURKLEY County School System.

PARENT/GUARDIAN SIGNATURE

DATE

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PLEASE DO NOT FILL OUT BELOW THIS LINE – FOR OFFICE USE ONLY

The parent/guardian of the student listed above has submitted an application to our agency to participate in our programming. The application indicates that this student receives free or reduced lunch. Because our agency is a recipient of federal funds (U.S. Department of Housing and Urban Development), we must verify lunch status with your office. Our agency’s acceptance or rejection of the application is not based upon your response to this request.

Please check one of the boxes below to indicate the student’s lunch status:

Yes, the student mentioned above receives free or reduced lunch. This status will expire on _____

No, the student mentioned above does not receive free or reduced lunch.

Name of Respondent (Child Nutrition staff)

Signature of Respondent

Date and time



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RELEASE OF INFORMATION _____ (Therapist or other Professional)

I hereby authorize CHARLESTON/ DORCHESTOR/ BURKLEY County Schools and to release any and all information, _____ (Therapist or other Professional or Agency)

documents or records of any kind, verbally or in writing by telephone, fax, email or mail

regarding _____ (Name of Client/Student) to:

THE UP PROGRAM CHARLESTON, SC Telephone: 843-834.7839

Email: ketchena@unlockingpotentialinyou.com

This release may be revoked by me in writing at any time.

Signature of Parent/Guardian or Client (if over 18 years old)

Date of Signature

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UP Transportation Release Form

I hereby give permission for my child to be transported from the UP PROGRAM by an UP staff member or volunteer to a place of residence or a field trip destination.

Child's Name _____

Parent Name _____

Parent Signature _____

Date _____

For Office Use Only:

Date Received: __/__/__ Contact Date: __/__/__ Interview Date: __/__/__ Start Date: __/__/__ End Date: __/__/__

__Verified all fields are complete. *Unlockingpotentialinyou.com * CHARLESTON, SC * 843-834-7839*

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