



Referral Form

Program		Date			
Student's Name		Grade	Age	M	F
Address (street)			Date of Birth		
Address (City, State, Zip)					
Phone		Alt. Phone		email	
Student currently lives with	Mother	Father	Both Parents	Foster Home	Guardian other:

Parent / Guardian / Emergency Contact

Parent / Guardian					
Address (street)					
Address (City, State, Zip)					
Phone		Alt. Phone		email	
Emergency Contact					
Address (street)					
Address (City, State, Zip)					
Phone		Alt. Phone		email	

School

School District	Public	Private	Alternative
Attended this school how long:	If less than a year previous school		

Health

Special Needs	no	yes (if yes, please specify)
Allergies	no	yes (if yes, please specify)
Medical Conditions	no	yes (if yes, please specify)
Known Diagnosis	no	yes (if yes, please specify)

Additional Information about the Student of Importance, please indicate below

Student's Strength:

Please list any areas of concern:

Programs please indicate what program the student may be interested in participating.

Please contact ARTS Engage! for additional information at 570.963.6590 ext.106
email arts-culture@lackawannacounty.org

Programs

- Creative and Performing Arts Academy of NEPA
- Scranton Cultural Center
- Everhart Museum
- United Neighborhood Centers





Consents and Agreements

Students Name _____ Male _____ Female _____

School _____ Grade _____ Age _____ Date of Birth _____

Transportation I hereby grant permission, as a parent or legal guardian, to the agents and instructors of Lackawanna County's ARTS Engage! program to transport my child to program and field trips when necessary and requested. I also grant them permission to transport my child to a hospital for emergency treatment in the event that he/she becomes injured or ill and needs medical attention.

Parent/Guardian (please printed name) _____ Date _____

Parent/Guardian signature _____ Date _____

Photo/Video Release In consideration of my son/daughter's engagement as a photo or video subject by Lackawanna County's ARTS Engage! program, I hereby grant the right and permission to copyright, use, reuse, and publish photographs or videotape images of my son/daughter for the ARTS Engage! program's purposes, including use in advertisement for publications and development purposes.

Parent/Guardian (please printed name) _____ Date _____

Parent/Guardian signature _____ Date _____

Rules/Regulations I agree to abide by all program regulations while attending my designated Arts Engage! program. I understand that the possession or use of alcoholic beverages, unauthorized drugs or a weapon of any kind is grounds for immediate expulsion from the program. I also understand that disruptive behavior is grounds for immediate dismissal. I also understand that the ARTS Engage! program is not responsible for any lost or stolen articles.

Parent/Guardian (please printed name) _____ Date _____

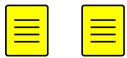
Parent/Guardian signature _____ Date _____

Liability As a parent/guardian of a participant of the ARTS Engage! program, I understand that this program does not provide any medical insurance coverage for the accidental injuries or illness or coverage for accidental injuries or illness or personal property damage. I agree by my signature below, to release and hold harmless, Arts Engage program from any and all responsibility or liability for any injuries or damages not directly caused by negligence of the program, its officers, agents or employees.

Parent/Guardian (please printed name) _____ Date _____

Parent/Guardian signature _____ Date _____





ARTS Engage!

The Arts Impact Lives- The goal of our research and purpose of this form.

This form allows permission for research on how the arts impact children’s lives to help us secure future funding for ARTS Engage! program. It is important that we collect this information to promote the positive and healthy results of participation in arts programs. We will be examining grades and attendance records of students participating in our programs. This is an anonymous process and no names or other information regarding your child will be made public in any way or used for purposes other than research. Please do not hesitate to call me directly if you have any questions or concerns: Maureen McGuigan, Lackawanna County Deputy Director of Arts and Culture mcguiganm@lackawannacounty.org or 570-963-6590 x102.

I authorize the release of the information pertaining to academic information and attendance for the student’s name appearing below, to be released to Lackawanna County County’s ARTS Engage! Program for the purpose of collecting information on how the arts relate to student success.

This authorization is effective for the academic year 2016/2017.

The nature of and purpose of this request has been explained to my understanding. I hereby acknowledge and understand that participation in this program is NOT conditioned upon my signing this authorization.

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken because of this authorization.

I understand information disclosed due to this authorization may be subject to re-disclosure by the recipient.

Parental Consent Form for Research on Arts Programs

Students Name _____ Male _____ Female _____

Grade _____ Age _____ Date of Birth _____

School _____

Signature of Parent or Guardian

Date

Witness

Date





ARTS Engage!

In the event transportation does not come to your program or if a student is not picked up, contact Department of Human Service Office of Youth and Family Services DHS/OYFS 570 963-6781, leave a message and state the urgency of the telephone call.

EMERGENCY CONTACT				
Student's Name		Date		
		Grade	Age	M F
Address (street)		Date of Birth		
Address (City, State, Zip)				
Phone	Alt. Phone	email		
Student currently lives with	Mother	Father	Both Parents	Foster Home Guardian other:
Transportation Provided By				
	Family	CYS	Other	
Parent / Guardian / Emergency Contact				
Parent / Guardian				
Address (street)				
Address (City, State, Zip)				
Phone	Alt. Phone	email		
Emergency Contact # 1				
Address (street)				
Address (City, State, Zip)				
Phone	Alt. Phone	email		
Emergency Contact # 2				
Address (street)				
Address (City, State, Zip)				
Phone	Alt. Phone	email		

Please contact ARTS Engage! for additional information at 570 963-6590 ext. 102, or ext.106

Please indicate Program

email Arts-Culture@lackawannacounty.org.

- Creative and Performing Arts Academy of NEPA
- Everhart Museum
- Scranton Cultural Center
- United Neighborhood Centers of NEPA



Patrick M. O'Malley • Jerry Notarianni • Lauren A. Cummings | www.LackawannaCounty.org