



STAFF USE ONLY

Date \_\_\_\_\_

# Spring 2010 Registration Form

## Student Information

Are you a returning student?  Yes, from last semester  Yes, from a previous semester  No

Student's Name (please print) \_\_\_\_\_  Male  Female

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Home Phone \_\_\_\_\_

Student's E-mail \_\_\_\_\_

Ethnicity (Please check all that apply.)

- African American
- Asian American
- Caucasian
- Latino/Hispanic
- Native American
- Other

School \_\_\_\_\_ Grade \_\_\_\_\_

## Student's Class Selection

Class Name	Instructor(s)	Day and Time

REGISTRATION FORM A



# Student Emergency Information

## Medical Information

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

ID# \_\_\_\_\_ Phone # \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Authorization for Emergency Medical Treatment

I, the undersigned parent or guardian of \_\_\_\_\_, do hereby give my consent in the event all reasonable attempts by the authorized medical personnel to contact me have been unsuccessful for:

1. The administration of any treatment deemed necessary by a licensed physician.
2. The transfer of the participant to a hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of a second licensed physician concurring in the necessity for such surgery is obtained prior to the performance of such surgery.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Contacts

List at least one additional adult who is aware that their name is being given to Sitar Arts Center, has permission to pick up the student, and should be contacted in the event of an emergency if the primary parents or guardians cannot be contacted.

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_



# Household Contact Form

## Home Mailing Address and Phone Number

Home Address \_\_\_\_\_  
Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
DC Ward # \_\_\_\_\_ DC Neighborhood \_\_\_\_\_  
Home Phone \_\_\_\_\_

## Parents and Guardian Contact Information

Parent/Guardian # 1 - Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Ethnicity (Please check all that apply.)

African American  Asian American  Caucasian  Latino/Hispanic  Native American  Other

Parent/Guardian address is the SAME as a Home Mailing Address

Parent/Guardian address is DIFFERENT from the Home Mailing Address and is listed below:

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
DC Ward # \_\_\_\_\_ DC Neighborhood \_\_\_\_\_

Parent/Guardian # 2 - Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Ethnicity (Please check all that apply.)

African American  Asian American  Caucasian  Latino/Hispanic  Native American  Other

Parent/Guardian address is the SAME as a Home Mailing Address

Parent/Guardian address is DIFFERENT from the Home Mailing Address and is listed below:

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
DC Ward # \_\_\_\_\_ DC Neighborhood \_\_\_\_\_



# Head of Household

## Household Contact Information

Please select someone as the head of household who will be the primary contact person for the family.

Head of Household Name \_\_\_\_\_

What language would you like to be contacted in?  English  Spanish  French

Head of Household's Email \_\_\_\_\_

## Stay Connected

Would you like to subscribe the above address to any of the following electronic monthly newsletters?

Sitar Arts Center E-Newsletter  Parent Monthly E-Newsletter  Gallery Series E-Newsletter

Would you like to join ARTS Circle?

Yes  No  Contact me with more information

How did you hear about us? Please select all that apply and list the name if space is provided.

- Family Member  Friend  Neighbor
- TV  Radio  Newspaper
- Local Community Organization \_\_\_\_\_
- Local School \_\_\_\_\_
- Local Business \_\_\_\_\_
- Internet \_\_\_\_\_



# Household Income Form

## Household Income Information

Sitar Arts Center is a nonprofit, 501(c) (3) organization. It is the Center's mission and policy that each semester, 80% of its students are from low-income households, defined as 50% or less of the median household income for the greater Washington DC area. The median income varies depending upon the household's number of people.

Family tuition is determined on a sliding fee scale, in order to ensure that the programs remain affordable for all families of the community.

Please include the total household income before taxes, and include the income of all contributing adults. This information is confidential and will not be shared with anyone outside Sitar Arts Center staff. It is used only to determine student tuition rate.

Please fill out below:

**Total number of adults and children in your household:** \_\_\_\_\_

Annual Income	
Under \$19,500	
\$19,581-\$22,700	
\$22,701-\$25,500	
\$25,501-\$28,350	
\$28,351-\$30,600	
\$30,601-\$33,100	
\$33,101-\$35,150	
\$35,151-\$37,800	
\$37,801-\$42,500	
\$42,501-\$48,000	
\$48,001-\$51,050	
\$51,051-\$54,800	
\$54,801-\$60,000	
\$60,001-\$62,350	

Annual Income	
\$62,351-\$64,800	
\$64,801-\$66,200	
\$66,201-\$69,600	
\$69,601-\$74,400	
\$74,401-\$75,560	
\$75,561-\$79,200	
\$79,201-\$85,100	
\$85,101-\$94,500	
\$94,501-\$102,100	
\$102,101-\$109,600	
\$109,601-\$117,800	
\$117,801-\$124,000	
Over \$124,700	

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date: \_\_\_\_\_



# Household Income Form

## Household Income Information

Sitar Arts Center es una organización 501 (c)3 sin fines lucrativos. Es la misión y la política del centro que cada semestre, los 80% de sus estudiantes son de las casas de ingreso bajo, definidas como el 50% o menos de la renta de casa mediana para la mayor área de Washington, DC. La renta mediana varía dependiendo del número de los habitantes de la casa.

La cuota de la familia se determina en una escala del honorario que resbala, para asegurarse de que los programas siguen siendo accesibles para todas las familias de la comunidad.

Por favor incluya todas las entradas de los adultos antes de los impuestos. Esta información es confidencial y no será compartida con nadie afuera, solamente los miembros del Sitar Arts Center.

Número de adultos y niños en su casa: \_\_\_\_\_

Annual Income	
Under \$19,500	
\$19,581-\$22,700	
\$22,701-\$25,500	
\$25,501-\$28,350	
\$28,351-\$30,600	
\$30,601-\$33,100	
\$33,101-\$35,150	
\$35,151-\$37,800	
\$37,801-\$42,500	
\$42,501-\$48,000	
\$48,001-\$51,050	
\$51,051-\$54,800	
\$54,801-\$60,000	
\$60,001-\$62,350	

Annual Income	
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\$64,801-\$66,200	
\$66,201-\$69,600	
\$69,601-\$74,400	
\$74,401-\$75,560	
\$75,561-\$79,200	
\$79,201-\$85,100	
\$85,101-\$94,500	
\$94,501-\$102,100	
\$102,101-\$109,600	
\$109,601-\$117,800	
\$117,801-\$124,000	
Over \$124,700	

Nombre : \_\_\_\_\_

Firma : \_\_\_\_\_

Fecha: \_\_\_\_\_



# Spring 2010 Agreement Form

## Artist Agreement

1. I agree to be on time for my lesson(s) and/or class(es) each week and will call Sitar Arts Center if for any reason I will not be at my lesson or class.
2. I agree to be faithful to myself as an artist each day and develop my artistic gifts. I agree to practice for a minimum of 15 minutes three times per week. I understand that I will not be permitted to continue with my private lessons at Sitar Arts Center if I fail to meet my practice requirements.
3. I agree to attend a minimum of one performance of the Sitar Arts Center performance series as a member of the audience. I know that I will become a better artist by attending the performances of others.
4. I agree to view the visual arts exhibits in the Sitar Arts Center gallery series, knowing that my art is inspired by others.
5. I agree to share my gifts with those in the community.
6. I agree to do my best in school and to treat all instructors, students, equipment and myself with respect at all times.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Agreement

1. I agree to join A.R.T.S. Circle and volunteer at Sitar Arts Center a minimum of one time per semester.
2. I understand that if my child engages in behavior that is inappropriate, disrespectful and/or contrary to the rules of Sitar Arts Center, I will be contacted and expected to meet with Sitar staff regarding this behavior. I further understand that if such conduct continues, my child will be asked to leave the program.
3. I agree to ensure that my child is on time for scheduled lessons and classes each week and will call Sitar Arts Center before the scheduled lesson or class if he or she cannot attend. I understand that absences not called in are deemed unexcused, and after two unexcused absences, . I understand that after 5 unexcused absences my son/ daughter will be limited in the number of classes they are able to register for during the next semester.
- 4.
5. I agree to support and encourage my child by regularly asking about his or her arts activities, including practice.
6. I understand that if enrolled in a private music lesson, my child is required to practice his or her instrument three times a week for a minimum of 15 minutes at Sitar Arts Center and will not be permitted to continue with their private lessons if they consistently fail to meet this requirement. I understand that my child must record their practice times and dates in the practice log every time that they practice.
7. I agree to make sure that my child turns in their most recent report card at each registration period.
8. I agree to serve as a role model to all of the children at Sitar Arts Center.
9. I agree to pick up my child punctually at the end time of his or her class or lesson. I understand that there is a penalty for late pick-up. Parents who do not pick their child up by Sitar Arts Center closing time are charged \$50 after a 15 minute grace period. There is an additional \$50 charged for every 15 minutes late thereafter.
10. I agree to read and adhere to the policies and procedures described in the Sitar Arts Center student handbook.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_



# Spring 2010 Agreement Form

## Contrato del Artista

1. Me comprometo a estar puntualmente en mis clases/lecciones cada (día)\_\_\_\_\_ a las (hora)\_\_\_\_\_ de cada semana y llamaré el Centro Sitar con anticipación por lo menos medio día si por alguna razón yo faltaré a mi clase o lección. Yo también estoy de acuerdo pagar \$5 por cada ausencia injustificada a mi lección/clase.
2. Me comprometo ser fiel a mi mismo como un artista cada día que desarrolle este talento especial que tengo. También me comprometo practicar mi instrumento/danza/escritura/arte/actuación por 15 minutos por lo menos 3 veces a la semana. Estoy de acuerdo pagar \$5 por cada semana que no haya practicado por lo menos tres días.
3. Me comprometo asistir a una presentación artística como miembro de la audiencia.  
Se que llegaré ser un mejor artista si asisto a las presentaciones artísticas de otros.
4. Me comprometo a observar las exhibiciones de artes visuales en el Centro Sitar, sabiendo que mi arte es inspirado por otros.
5. Me comprometo de compartir mis regalos con el resto de la comunidad.
6. Me comprometo de hacer lo mejor en el Centro y a siempre tratar con respeto todos los instructores, estudiantes, instrumentos, accesorios, etc.

Firma del Estudiante \_\_\_\_\_ Fecha \_\_\_\_\_

## Contrato del Padre

1. Conuerdo en ofrecer por lo menos una hora al mes de trabajo voluntario.
2. Me comprometo pagar la cuota de matrícula cada semestre.
3. Entiendo que cierto comportamientos son inapropiados e irrespetuosos y seré notificado/a si mi hijo/a se comporta de una manera inaceptable. Además entiendo que si tal mala conducta continúa, a mi hijo/a se le pedirá que abandone el programa.
4. Me comprometo de ver que mi hijo/a llegue a tiempo a su clase cada semana y si no llamar medio día en avanzado y por cualquier razón mi hijo/a no puede venir. . Me comprometo de ver que mi hijo/a llegue a tiempo a su clase cada semana y si no llamar medio día en avanzado y por cualquier razón mi hijo/a no puede venir. Estoy de acuerdo que al mi hijo/a tener mas de 5 ausencias sin excusas se le limitará las clases que pueda tomar en el proximo semestre.
5. Me comprometo a apoyar a mi hijo/a por preguntar de sus clases incluyendo práctica.
6. Estoy de acuerdo de asegurarme que mi hijo/a entregue con prontitud una copia de su tarjeta de calificaciones de cada trimestre, comenzando con la última tarjeta de calificaciones del ano pasado.
7. Estoy de acuerdo en desempeñar un papel modelo para todos los estudiantes del Centro Sitar.
8. Hay una penalidad cuándo los padres son tarde de recoger sus hijos. La penalidad es que los padres son cobrados \$50 después de los primeros 15 minutos que son tarde. \$50 van hacer cobrado para cada 15 minutos después de eso. Niños de 12 anos o más están obligados a irse cuando the Sitar Center cierra o cuando termina su última clase. Estoy de acuerdo y entiendo la regla y leerá the Sitar Center Manual de Estudiantes que describe todas las reglas del Sitar Arts Center.

Firma del padre/guardián \_\_\_\_\_ Fecha \_\_\_\_\_

Firma del padre/guardián \_\_\_\_\_ Fecha \_\_\_\_\_



# 2010 Registration Payment Form

REGISTRATION FORM A

## Class Information

Payment Form for (please list the full name for all students):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Registration Fees

*\$15 per family for first student - non refundable*

First Student \$ \_\_\_\_\_

Additional Students \$ \_\_\_\_\_

### Class Fees

Fee for first class \$ \_\_\_\_\_

Fee for second class \$ \_\_\_\_\_

Fee for third class \$ \_\_\_\_\_

Additional Donation \$ \_\_\_\_\_

Amount Due \$ \_\_\_\_\_

**Total Tuition** \$ \_\_\_\_\_

**I am enclosing:** \$ \_\_\_\_\_

### Payment Plan Options

**Plan A (3 payments)** \_\_\_\_\_

Tuition paid at registration  
*at least 50%* \_\_\_\_\_

50% of remaining balance  
due by March 15, 2009 \_\_\_\_\_

Remaining balance  
due by April 15, 2009 \_\_\_\_\_

Total \_\_\_\_\_

**Plan B (2 payments)** \_\_\_\_\_

Tuition paid at registration  
*(at least 50%)* \_\_\_\_\_

Remaining balance  
due by March 15, 2009 \_\_\_\_\_

Total \_\_\_\_\_

### Method of Payment

\_\_\_\_\_ Cash Cash Amount \_\_\_\_\_

\_\_\_\_\_ Check Check # \_\_\_\_\_

\_\_\_\_\_ Charge Charge Type: Mastercard Visa American Express

Name of Card Holder \_\_\_\_\_

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

The signer understands and agrees to the registration policies stated in the Student Handbook and accepts full responsibility for all charges and fees that may be incurred. Thank you for making Sitar Arts Center a great place to learn and have fun studying the arts!

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### STAFF USE ONLY

Circle Household Key: A B C D E EE

Staff Initials \_\_\_\_\_



# Students Under 18 - Spring 2010

## Photography Release

- My child's photo MAY be used for Sitar Arts Center's printed publications and materials.
- My child's photo MAY be used for Sitar Arts Center's printed and electronic publications and materials.
- My child MAY NOT be used for Sitar Arts Center's publications.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Evaluation Release

Sitar always wants to know how well we are serving young people and what we could do to improve our programs. *The most important information will come directly from the children and families who come here, because it is you we strive to serve.* We are working with a consultant named Suzanne Callahan to help us learn more about the quality of our programs. Toward the end of the semester we will encourage students to reflect on what they have learned at Sitar in two ways: 1) by completing one exercise (a Reflections Form, which is fun and interactive) and 2) by speaking to Suzanne for about 15 minutes. Please let us know if it is okay for us to include your child in those two activities by initialing below:

- My child MAY complete the Reflections Form and be interviewed.
- My child MAY NOT complete the Reflections Form and be interviewed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Release (Liability & Transportation)

I, (Mr., Mrs., Ms.) \_\_\_\_\_ am the legal guardian of  
(Please print your full name)

\_\_\_\_\_  
(Please print the full name of all the students enrolling under the age of 18)

and hereby give my consent for my son/daughter to participate in any Sitar Arts Center sponsored activity. By my signature I acknowledge that neither Sitar Arts Center, nor any of its staff, nor volunteers will be held liable in the event of accident or injury to my son/daughter. Sitar Arts Center will take every reasonable precaution to provide for the safety of the children while participating in Sitar Arts Center activities, which sometimes includes car or van travel within the Washington, DC metro area. Sitar Arts Center is not responsible for children and volunteer contact outside authorized Sitar Arts Center sponsored activities. Please call Sitar Arts Center at 202-797-2145 if you have any questions regarding sponsored versus non-sponsored programs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Sitar Arts Center does not discriminate on the basis of race, color, national or ethnic origin, age, gender, religion, disability, or any other class protected by law in the administration of its educational policies, employment practices, admission policies, or financial aid programs, and other administered programs.