



ArtSeed's Fine Arts Summer Intensive Camp for Artists & Youth 2014



- When: Week One for Highly Motivated Youth Monday, July 7 – Friday, July 11, 2014, weekdays 9am-5 pm; Week Two for Highly Motivated Children & Youth Mentors Monday, July 14 – Friday, July 18, 2014, weekdays 9am-5 pm
- Age range: 11-18 (1st wk); 8-18 (2nd week) or if younger, by interview.
- Location: Willie Mays Boys and Girls Club
195 Kiska Road, San Francisco 94124
- Fun portfolio building activities culminating in an Art Exhibition with Artist Closing Reception at the Thoreau Center Saturday, July 26, 3-5pm.
- The Theme for the Intensive and Exhibition (June 26-July 26) is **Legacies and Living Spaces**
- Students learn experimental and traditional Fine Arts skills in media such as Drawing, Painting, Printmaking, Photography and Collage
- Led by experienced Artist-Teachers and distinguished Guest Artists
- Our outstanding volunteers provide a High Adult-to-Youth ratio
- Field Trips to Museums, Galleries, and Artist Studios
- Affordable sliding scale fee, scholarships available!

josefa@artseed.org www.artseed.org
T: 415-656-9849 F: 415-751-4442
PO Box 29277, San Francisco, CA 94129

ArtSeed's mission is to connect the most resourceful and gifted with the youngest and most vulnerable citizens of the Bay Area and beyond through projects that explore links between classical and cutting-edge fine arts disciplines. We do not discriminate on the basis of any disability, race, color, creed, sexual orientation, political party, economic background, national or ethnic origin.



ArtSeed
Box 29277, San Francisco, CA 94129-0277

ArtSeed Summer Intensive 2014 Student Application

The following application is for ArtSeed's Summer Arts Intensive. Students will have one to two full weeks of fun and learning in the arts! Ages for the camps will be 10-18 yrs, though consideration will be given to younger participants in view of their maturity after an interview. **Week One: July 7 -11, 2014**, (weekdays 9am-5pm) for highly motivated youth.
Week Two: July 14 – 18, (weekdays 9am-5pm) for highly motivated children and youth mentors.

(Please print clearly)

Student Information:

Student's Name: _____ Date of Birth: _____

How have you come to know about ArtSeed? _____

Which week(s) are you interested in? _____

Parent/Guardian's Name: _____

Mailing Address: _____ Zip _____

Email Address: _____

Home Phone Number: _____ Parent/Guardian Work Phone Number: _____

School: _____

(In Case Of Emergency) Please list below the person to contact and phone number:

Name: _____

Relationship to student: _____

Emergency Phone Contact(s): _____

Address: _____

Scholarship Application:

The full cost of the program per student/per week is \$400.00 (this includes snacks, Professional-grade art supplies, and field trips) If the full cost of the program would be a financial hardship to your family, you may be eligible to apply for a full or partial scholarship.

Are you interested in discussing this with us? Yes No (please circle one)

If yes, what amount, if any, would you be able to contribute to support your youngster's participation in the program? Please circle one: \$ 350 \$200 \$150 \$100 \$50 Other: _____

This form should be filled out and sent in by parents or guardians (place reservations are on a first come first serve basis) and it must be in before the first day of ArtSeed's Summer Intensive. Partial and full scholarships to cover the \$400 weekly cost will also be offered on a first come, first serve basis and on an ArtSeed merit or sliding scale basis. For questions call: 415-656-9849 or email: josefa@artseed.org

Parent/Guardian Permission Form

Section I: I give _____ permission to participate in ArtSeed's
(Name of Student.)

2014 Summer Fine Arts Intensive. I understand that we may be going to urban areas in transition that have incidents of gang-related activities and properties that have been identified as containing environmental hazards.

I also give permission for the above-named student to participate in the following activities offered by the ArtSeed Program, through Josefa Vaughan and her associates:

(Please circle "Yes" or "No" for each activity listed.)

- 1. To go to the Hunter's Point Naval Shipyard and.....Yes No
Mission District art studios.
- 2. To go on pre-arranged field trips.....Yes No
- 3. To travel by car (if available) to art studios and on field.....Yes No
trips.
- 4. To travel by public transportation to art studios and on field.....Yes No
trips.
- 5. To participate in supervised outdoor activities.....Yes No
- 6. To take supervised neighborhood walks.....Yes No
- 7. To work at ArtSeed's Presidio office.....Yes No

At the end of the day (ArtSeed Program activity):

A. This student (name listed above) has my permission to leave the ArtSeed Program alone without a parent/guardian or a designated adult to pick him/her up. (Please circle "Yes" or "No.") Yes No

B. This student (name listed above) does NOT have my permission to leave the ArtSeed Program alone. He/she will be picked up by one of the following designated individuals:

(Name) (Address) (Telephone #)

(Name) (Address) (Telephone #)

- (1) I can/will help in the classroom YES NO
- (2) I can/will help on field trips: YES NO
- (3) I can/will donate materials or my expertise in the following areas (Please list below):

Section II: The ArtSeed Program requires that each student's parents/guardians understand and accept its policies on the following issues. Please read the policies listed below and sign your name below to indicate your understanding and acceptance of these policies.

Boys and Girls Club of San Francisco Membership Application – Students who participate in the ArtSeed Program also will become members of the Boys and Girls Club of San Francisco. Parents and students will need to complete a membership application for the Boys and Girls Club of San Francisco. The ArtSeed Program fee will include a membership fee for the Boys and Girls Club of San Francisco for one year.

Discipline Policy – A student's disregard of the ArtSeed program rules will result in a temporary or permanent suspension from its program. If the student's behavior is consistently unacceptable, ArtSeed reserves the right to dismiss the student from the program permanently. A student's disregard of the Boys and Girls Club of San Francisco's Willie Mays Clubhouse Progressive Discipline Policy will result in the disciplinary consequences listed in the Willie Mays Clubhouse Progressive Discipline Policy acknowledgement form, which students and their parents must review and sign before participating in the ArtSeed Program.

Special Needs? –(Circle one: Yes or No) Any special behavioral, physical, emotional, psychological or medical needs of the student should be clearly discussed with Josefa Vaughan and her associates by the parent/guardian. Please explain your special needs clearly in a telephone call, an email or write it down on an attached page or on the back of this application.

Permission for Medical Treatment – In the event of an emergency in which the parent/guardian cannot be contacted, emergency medical staff and the ArtSeed staff/volunteers may take appropriate action as needed for the student.
Preferred Medical Emergency Center: _____

Exposure to Sensitive Art Materials or Subject Matter – Students participating in the ArtSeed Program may be exposed to sensitive materials (art supplies) or subject matters. ArtSeed encourages students and parents/guardians to let its instructors know when an art material or subject matter is uncomfortable for them. It is the responsibility of the student, and parent/guardian to communicate this to the ArtSeed instructors.

Photographs/Media/Artwork Waiver - I give permission to ArtSeed and the Boys and Girls Club of San Francisco to make and use photographs, videotapes, film, and audiotapes in which my son or daughter appears or the artwork of my son or daughter appears. ArtSeed and the Boys and Girls Club of San Francisco may use these photographs, videotapes, film, and audiotapes in published materials, in other works of art, and on the Internet (World Wide Web) for artistic, educational, and publicity/promotional purposes for or related to the ArtSeed Program. ArtSeed may retain 50% of any sale of my son or daughter's artwork, and may reproduce, sell and retain 50% of any sale of a reproduction of the artwork and/or writings he/she produces as a participant in the ArtSeed Program.

General Release of Liability – The undersigned agrees to release, waive, discharge, and hold harmless ArtSeed, its directors, officers, employees, agents, and volunteers from any and all claims, suits, losses, or related causes of action for damages, including but not limited to such claims that may result from any injury or death, illness, accident or any loss or damage to personal property or otherwise, during or arising in any way from participation in the ArtSeed program.

I ACKNOWLEDGE THAT THIS GENERAL RELEASE OF LIABILITY OF ARTSEED IS BINDING ON ME PERSONALLY AND ON MY HEIRS, PERSONAL REPRESENTATIVES, SUCCESSORS, AND ASSIGNS. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE ARTSEED PROGRAM PARENT/GUARDIAN PERMISSION FORM. I UNDERSTAND AND AGREE TO THE POLICIES AS STATE ABOVE.

Parent/Guardian Signature: _____ Date: _____
(on behalf of student)

Print Name of Parent/Guardian: _____

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ArtSeed is a non-profit tax-exempt fine arts / youth leadership organization under Internal Revenue Code 501(c)(3) and Revenue and Tax Code 27301d. Any charitable contribution to ArtSeed, made without expectation of material benefit, is therefore fully tax-deductible. These determination letters are available for your inspection at ArtSeed's office located at 1007 General Kennedy Ave. in San Francisco. Our Employer Identification Number is: 52-2368513

Email: josefa@artseed.org, **Web site:** www.artseed.org, **Cell:** 415-656-9849, **Fax:** 415-751-4442



Full Name: _____ Gender (circle one): Male - Female
 Address: _____ Home Phone: () _____ - _____
 City: _____ Cell Phone: () _____ - _____
 State: _____ ZIP: _____ Member's Email: _____
 Birthdate: _____ - _____ - _____ Age: _____ ****All new members age 6 or 7 years require proof of age upon registration.****
 School: _____ Grade: _____ Teacher/Counselor: _____

Does your child have any special needs? (i.e. 1:1, IEP, etc.) Yes - No Please specify: _____

ETHNICITY:

<input type="checkbox"/> Chinese	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Multi-Ethnic: _____
<input type="checkbox"/> African American	<input type="checkbox"/> Filipino	_____
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Latino(a)/Hispanic	<input type="checkbox"/> Vietnamese	_____
	<input type="checkbox"/> Korean	
	<input type="checkbox"/> Native American	
	<input type="checkbox"/> Asian Other: _____	

WHO DOES THE MEMBER LIVE WITH? (Circle all that apply):

- Both mother and father
- Mother only
- Father only
- Grandparents
- Guardian
- Other: _____

Name _____	Name _____
Relationship _____	Relationship _____
Workplace _____	Workplace _____
<input type="checkbox"/> Work Phone () _____ - _____	<input type="checkbox"/> Work Phone () _____ - _____
<input type="checkbox"/> Cell Phone () _____ - _____	<input type="checkbox"/> Cell Phone () _____ - _____
<input type="checkbox"/> Email: _____	<input type="checkbox"/> Email: _____

Please indicate the best way to contact you with a check mark next to the contact information above.

EMERGENCY CONTACT(S)

Contact Name: _____	Contact Name: _____
Relationship: _____	Relationship: _____
Emergency Phone: () _____ - _____	Emergency Phone: () _____ - _____

❖ **In case of a medical emergency, the medical attendant may need to know the following information:**

Allergies: _____ Any known illnesses or injuries: _____
 Medication (name, amount and frequency) _____
 Doctor's Name: _____ Contact Information: () _____ - _____

Health Insurance: YES - NO - DON'T KNOW (If yes, please circle the insurer and supply the provider #)
 Employer Medi-Cal Healthy Families / Healthy Kids Other: _____ Provider # _____

❖ **Do you receive the following supportive services? (Please circle an answer)**

<input type="checkbox"/> TANF	YES	NO	<input type="checkbox"/> Free and/or Reduced Lunch	YES	NO	<input type="checkbox"/> Foster Care	PAST	PRESENT
<input type="checkbox"/> Food Stamps	YES	NO	<input type="checkbox"/> Housing Assistance	YES	NO			

❖ **How did you hear about us? (Circle all that apply)**

Friend School Community Agency
 Faithbased-Organization Advertising News Stories Other: _____

❖ **Please indicate your current housing status:** Public Housing Section 8 Not Applicable

❖ **When does your son/daughter plan to attend BGCSF? (Select all that apply)** School Year Summer
 Camp Mendocino

BOTH SIDES OF THE FORM MUST BE COMPLETELY FILLED TO BE ELIGIBLE FOR MEMBERSHIP

Circle the number in your household (including brothers and sisters) from row one and circle the total income information for your household in the column beneath:

(HUD - FY2013)

Number in Household	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8+ Person
Total Household Income	1 Below \$22,200	5 Below \$25,350	9 Below \$28,500	13 Below \$31,650	17 Below \$34,200	21 Below \$36,750	25 Below \$39,250	29 Below \$41,800
	2 \$22,201 – 36,950	6 \$25,351 – 42,200	10 \$28,501 – 47,500	14 \$31,651 – 52,750	18 \$34,201 – 57,000	22 \$36,751 – 61,200	26 \$39,251 – 65,450	30 \$41,801 – 69,650
	3 \$36,951 – 59,100	7 \$42,201 – 67,550	11 \$47,501 – 76,000	15 \$52,751 – 84,400	19 \$57,001 – 91,200	23 \$61,201 – 97,950	27 \$65,451 – 104,700	31 \$69,651 – 111,450
	4 Above \$59,101	8 Above \$67,551	12 Above \$76,001	16 Above \$84,401	20 Above \$91,201	24 Above \$97,951	28 Above \$104,701	32 Above \$111,451

*****PLEASE READ CAREFULLY: Parent/Guardian Release of Liability and Information. Your signature below indicates your agreement to the following:**

Boys & Girls Clubs of San Francisco (BGCSF) has an *Open Door Policy*. Members are allowed to come and go as they please. We assume no responsibility for members who choose not to come on a particular day or who choose to leave early. We only supervise youth in our building and on the play yard. If you want your child to remain in the Club at all times, please instruct them not to leave. If your child does not walk home on his/her own, arrangements should be made to pick them up prior to the Club's closing. Children remaining on the premises after hours will be charged an additional cost and/or have their child dropped off at the local police station.

Medical: I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in a BGCSF program. **It is understood that the cost thereof will be at my expense.** To protect the safety of staff and our members and reduce liability, BGCSF staff does not dispense or store medication of any kind for our members.

Photo/Media Release: I hereby give permission for my child to be photographed, videotaped and/or interviewed for use by Boys & Girls Clubs of San Francisco and Boys & Girls Clubs of America in promotional materials.

Field Trips: I hereby give permission for my child to participate in routinely scheduled activities that occur *off-site* at nearby facilities – i.e. park, swimming pool, library and other youth agencies. I understand that transportation will be provided in the Club van, or that my child will be accompanied with a staff when walking or using public transportation. I understand that Club staff will supervise all activities. For any special events or field trips, you will receive a separate permission slip including costs associated with the trip.

Surveys & Questionnaires: I hereby give permission for my child to participate in the tracking of BGCSF's outcomes/goals, which include: *taking surveys, participation in focus groups.* I also grant access to my child's academic records i.e. report cards/transcripts and standardized test scores to BGCSF, which will be kept confidential and used specifically for the purpose of evaluating the success of BGCSF programs and supporting your child's academic success.

School Information: I hereby give permission for my child's Report Card, transcript, California Standards Test results, as well any Brigance test scores, to be released to BGCSF to be used specifically for the purpose of identifying whether or not my child is eligible to receive free tutoring through San Francisco Unified School District's Supplemental Educational Services.

Technology: I understand that as a member of BGCSF, my child will have access to the Internet. While precautions are being taken, it is possible that s/he may access inappropriate sites. BGCSF has rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

Miscellaneous: I hereby give my consent to be contacted about health insurance and other health services for my child.

I hereby give my permission to my child to become a member of BGCSF. I understand that the Club is not responsible for the time or manner in which he/she may arrive at or leave the Club, and that BGCSF and its property are not responsible for personal injury or loss of property. Attendance is contingent upon member's following Clubhouse expectations and exhibiting positive behavior. Clubhouse staff reserves the right to suspend or terminate attendance and/or membership at any time if those guidelines are not followed and I understand no dues will be returned to me.

I understand that I am responsible for attending an orientation with my child before he/she receives his/her full-time membership card.

*****All new members age 6 or 7 require proof of age upon registration (i.e. Birth Certificate). We serve children 6 to 18 years of age.**

Parent or Guardian's Signature

1. I promise to take care of my Club and property, and respect the building, other members and staff at all times. If at any time I am asked to return my membership, I understand no dues will be returned to me.
2. I agree to bring my membership card to use at the Club and that I will not allow anyone else to use my card.
3. I agree to attend the annual member orientation with my mother, father, guardian or a consenting adult.

Member's Signature

*****BOTH SIDES OF THE FORM MUST BE COMPLETELY FILLED TO BE ELIGIBLE FOR MEMBERSHIP*****



BOYS & GIRLS CLUBS
OF SAN FRANCISCO

Willie Mays Clubhouse Progressive Discipline Policy

BEHAVIOR	POSSIBLE CONSEQUENCES
<p>LEVEL I</p> <ul style="list-style-type: none">• Being disrespectful to adults and club members.• Using inappropriate language (including swearing, Bad words or put downs).• Not being honest• Having a bad attitude• Running (unless in gym or playfield)• Shouting throughout the club• Play fighting or horseplay• Misuse of equipment: Swinging pool sticks, Ball Play Inside, Sitting on Tables• Coming to the Club without a Club Card• Gun-chewing or sunflower seeds and eating outside of specified eating areas• Loitering in the halls, bathrooms, lobbies and in front of the club.• Not cleaning up after yourself	<p>LEVEL I - Staff can use one or more of the following:</p> <ul style="list-style-type: none">• Verbal warning• Time out• Behavioral contract• Participation in conflict resolution activity.• Designation of member to complete a club service activity• Call home/time out for the rest of the day.
<p>LEVEL II</p> <ul style="list-style-type: none">• Refusing to follow department/club rules.• Disrespectful use of Club Property• Teasing	<p>LEVEL II - Staff can use one or more of the following:</p> <p>*Incident report are required at this level</p> <ul style="list-style-type: none">• Suspension from department or Club for designated period or time.• Appropriate reparations (examples include club service, writing an apology letter, apologizing to the group, community service, etc.)• Suspension from the Club; required parent meeting prior to return.• Behavioral contract

