



**ArtSeed**

Box 29277, San Francisco, CA 94129-0277

**ArtSeed Summer Intensive 2017 Student Application**

The following application is for ArtSeed's Summer Fine Arts Intensive. Students will have one or two full weeks of learning adventures in the arts! For ages 9-19 years, though younger participants may apply for the second week if maturity and desire is reflected in a letter or a phone interview. **Location:** Park Presidio United Methodist Church, 4301 Geary Blvd at 7<sup>th</sup> Avenue, San Francisco. **Week One: June 19 -23, 2017**, (weekdays 9am-5pm) for highly motivated youth. **Week Two: June 26 – 30**, (weekdays 9am-5pm) for highly motivated children and youth.

**(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. If you feel your child is eligible, please send a letter explaining why.

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 Other: \_\_\_\_\_ (You may also call Josefa at 415-656-9849 to chat or arrange a visit.)

This form should be filled out and sent in by parents or guardians (reservations are on a first come first serve basis). We prefer to receive it at least one week before the first day of ArtSeed's Summer Intensive. Sliding scale scholarships to cover a portion of the weekly cost are available to eligible families. For questions contact josefa at: 415-656-9849 or email: [josefa@artseed.org](mailto:josefa@artseed.org)

**Parent/Guardian Permission Form**

**Section I:** I give \_\_\_\_\_ permission to participate in ArtSeed's Summer Fine Arts Intensive.  
(Name of Student.)

I understand that we may be going to urban areas in transition that have incidents of gang-related activities and properties that may 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.**

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 repeated disregard of ArtSeed's collaboratively made and posted agreements with students may result in suspension from the 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 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 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 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: \_\_\_\_\_

**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** 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](mailto:josefa@artseed.org), **Web site:** [www.artseed.org](http://www.artseed.org), **Cell:** 415-656-9849, **Fax:** 415-751-4442