



P.O. Box 363 \* Wilmington, NC 28402 \* 515 Ann St. \* 910.772.1501

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Dear Parent/Guardian:

Welcome to DREAMS! 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; we ask them because we're a youth development program that utilizes the arts to bring out the best in your child. The more information we have about your child, the more effectively we can work with them and the better their DREAMS experience will be.

Thank you so much for your interest in DREAMS. Don't hesitate to contact us with any questions or concerns; otherwise, you can fax the completed application to 910.772.1504, attention Blair Fetner. We look forward to hearing from you and to meeting your child soon.

All best,

The DREAMS Family

Today's Date \_\_\_\_\_

**APPLICATION for DREAMS of Wilmington**  
(Please Print)

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Child lives with \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Guardian(s) Name(s) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Ph \_\_\_\_\_

Can you be contacted at work? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY CONTACTS (other than guardian or doctor)**

Name/Relationship	Address	Phone
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Name/Relationship	Address	Phone
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Does your child have transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe method of transportation \_\_\_\_\_

**OTHER PERSONS AUTHORIZED TO PICK UP THE CHILD:**

Name/Relationship	Address	Phone
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Name/Relationship	Address	Phone
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My child participates in the free or reduced lunch program. Yes \_\_\_\_\_ No \_\_\_\_\_

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

Sign: \_\_\_\_\_

How did you hear about DREAMS?

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Briefly state how you know the child you are referring to the DREAMS Program.

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State why you believe the child you are referring would benefit from participation in the DREAMS program. \_\_\_\_\_

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

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### **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 DREAMS social media on the internet (Facebook, DREAMS website, etc.). DREAMS will never identify a student by name.

Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby give permission for my child to be included in television filming of DREAMS activities. Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby give permission for my child to be photographed during DREAMS activities. Yes \_\_\_\_\_ No \_\_\_\_\_

### **GUARDIAN'S RELEASE AND IDEMUNITY AGREEMENT**

I am the undersigned parent and/or guardian of \_\_\_\_\_, who is a minor child. In consideration for the admission and participation in the DREAMS program without cost, I do forever release, discharge and covenant to hold harmless DREAMS, Inc., members of the DREAMS 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 DREAMS 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 DREAMS activities. I, the undersigned, am hereby bound as are my heirs, administrators, executors, successors and assigns to repay DREAMS, Inc. 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 DREAMS activities.

I have been informed and fully understand the operating policies of DREAMS

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Parent/Guardian Signature

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Date

# GUARDIAN PERMISSION AND MEDICAL FORM

## PARENTS:

I, \_\_\_\_\_ having legal custody of \_\_\_\_\_ grant permission for him/her to participate in the DREAMS 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:

Name	Address	Phone
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Preferred Hospital \_\_\_\_\_

Insurance or Medicaid Number \_\_\_\_\_

Allergies (food, drugs, etc) \_\_\_\_\_

Any previous diseases or illnesses \_\_\_\_\_

Any physical handicaps and special needs? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is child under care of doctor? If yes, for what reason: \_\_\_\_\_

\_\_\_\_\_

Is child on any medication? If yes, what: \_\_\_\_\_

\_\_\_\_\_

Does child have any history of convulsions: Yes \_\_\_\_\_ No \_\_\_\_\_

Does child have any history of diabetes: Yes \_\_\_\_\_ No \_\_\_\_\_

Does child have any history of heart problems: Yes \_\_\_\_\_ No \_\_\_\_\_

Does child have any history of asthma: Yes \_\_\_\_\_ No \_\_\_\_\_

Has child experienced abuse or neglect? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is young person currently exhibiting violent behavior (in the last 3 months)? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child known to the Juvenile Court? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Signature of Parent/Guardian \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Emergency Number: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

# DREAMS Youth Arts Program Student Intake Form

We want to know what DREAMS Art 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 DREAMS Staff make sure that your goals are being met through the programs.

## **Part 1: Reasons Why You Want to Be A DREAMS Student.**

Students join DREAMS for all different reasons. What are some of yours? Shade **ONE** box in each row to let us know if you agree with the statement.

I want to enroll in the DREAMS Art Program because...	I agree a lot	I agree a little	I do NOT agree
1. I want to develop my artistic skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My parents told me to enroll.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have heard from my friends that this is a fun program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Classes will give me something fun to do after school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I want to make new friends who share my interest in art.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I want to learn new ways to express myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I might learn new things that will help me do better in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I enjoy art activities and think this will be fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I plan to be an artist (for example, an actor, writer, painter, or singer), and this will help me with my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **Part 2: Your Experience with the Arts**

Some DREAMS 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, after school arts programs, the SAGE art.**  Yes  No

If yes, please describe:

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**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:** NEW HANOVER COUNTY CHILD NUTRITION DEPARTMENT

**FROM:** DREAMS of Wilmington  
Agency Name

Blair Fetner  
Name 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 DREAMS (Agency Name) to contact the New Hanover County Child Nutrition Office to verify that he/she receives free or reduced lunch from the New Hanover County School System.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## 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)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Respondent



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RELEASE OF INFORMATION  
(Therapist or other Professional)

I hereby authorize \_\_\_\_\_ 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 \_\_\_\_\_ to:  
(Name of Client/Student)

DREAMS Center for Arts Education  
PO Box 363  
Wilmington, NC 28402  
Telephone: 910.772.1501  
Fax: 910.772.1504  
[dreamsevents@ec.rr.com](mailto:dreamsevents@ec.rr.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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