



PO Box 363 * Wilmington, NC 28402 * 910.772.1501 * 901 Fanning Street

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; 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. Please contact us with any questions or concerns. You can fax the completed application to 1-800-344-1743, attention Caroline Stayer. We look forward to hearing from you and to meeting your child soon.

All the best,

The DREAMS Family

Today's Date:

APPLICATION for DREAMS of Wilmington

Child's Name: _____

Address: _____

Birth Date: _____ Age: _____ School: _____ Grade: _____

Race/Ethnicity (please check one): Black/African American White/Caucasian Hispanic Ethnicity
 Other Multi-Racial Black/African American & White American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White Asian
 Asian & White Am. Indian/Alaska Native & Black or African Am. I prefer not to indicate my child's race

Guardian(s) Name(s): _____

Relationship to child: _____

Child lives with: _____

Address: _____ / _____ / _____
City Zip

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Can you be contacted at work?: Yes _____ No _____

EMERGENCY CONTACTS (other than guardian or doctor)

Name/Relationship Address Phone

Name/Relationship Address Phone

Does your child have transportation? If yes, please describe: Yes _____ No _____

OTHER PERSONS AUTHORIZED TO PICK UP THE CHILD:

Name/Relationship Address Phone

Name/Relationship Address Phone

ANY PERSONS NOT AUTHORIZED TO PICK UP OR INTERACT WITH CHILD

Name/Relationship Reason for Restriction

Name/Relationship Reason for Restriction

Preferred plan of action should unauthorized individuals arrive:

How did you hear about DREAMS? _____

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

State why you believe the child you are referring would benefit from participation in the DREAMS program:

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.) _____

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 IDEMNITY 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

Parent/Guardian Signature

Date

GUARDIAN PERMISSION AND MEDICAL FORM

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.

MEDICAL:

Since an emergency could arise where my child would need 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: _____ Phone: _____

Address: _____ / _____ / _____
City Zip

Preferred Hospital: _____

Insurance or Medicaid Number: _____

Allergies (food, drugs, etc): _____

Any previous diseases or illnesses: _____

Any physical handicaps or 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 I agree I do NOT

	a lot	a little	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: _____

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: _____

FREE LUNCH VERIFICATION FORM

TO: NEW HANOVER COUNTY CHILD NUTRITION DEPARTMENT

FROM: _____
DREAMS of Wilmington
Agency Name

Caroline Stayer
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) _____

Signature of Respondent _____ **Date:** _____



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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: 1.800.344.1743
dreamsyouth1@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



DREAMS Transportation Release Form

I hereby give permission for my child to be transported from the DREAMS Center by a DREAMS staff member or volunteer to a place of residence or a field trip destination.

Child's Name _____

Parent Name _____

Parent Signature _____

Date _____