

APPLICATION

General Information:

Child's Last Name _____ First Name _____ Birth Date _____
Home Address _____ Zip _____ Home Phone _____
School _____ Grade in Fall 2011 _____
Previous Schools _____

Parent / Guardian(1) _____	Parent / Guardian(2) _____
Day Phone(1) _____	Day Phone(2) _____
Cell Phone(1) _____	Cell Phone(2) _____
Email(1) _____	Email(2) _____
Child's cell phone, <i>if applicable</i> _____	Child's Email _____
Emergency Contact* _____	Relationship _____ Phone _____

**An Adult relative, neighbor, or caretaker. Please list the number they can be reached during class.*

Teacher Recommendation *Applicants for this course must submit a teacher recommendation*

As part of the application for the Film Conservatory, we require students to submit a recommendation from a teacher. This recommendation may come from an academic teacher or a performing arts or media arts instructor. Please use the attached Teacher Recommendation Form.

HOW DID YOU HEAR ABOUT US? _____

Please read the information on the back and SIGN your name

MAIL APPLICATION AND TEACHER RECOMMENDATION TO:

**IMAGINE ME KIDS
Attention: Film Conservatory
366 Amsterdam Avenue
SUITE 221
NEW YORK, NY 10024**

**Terms and Conditions of Participation in
Imagine Me Kids Film Conservatory**

I understand and agree:

- 1) that if my child is accepted into the Film Conservatory (hereafter referred to as "The Program"), I am responsible for submitting tuition payment by November 3, 2011 to insure my child's enrollment in the program;
- 2) that after submitting tuition I shall not be entitled to any deduction for my child's absences or illnesses during the Program; that in the event of my child's withdrawal or suspension from the Program after classes have started, I shall not be entitled to any refund of unused tuition;
- 3) that Imagine Me Kids requires my child to meet certain standards of behavior and that if my child fails to behave or demonstrates repeated unsatisfactory conduct, Imagine Me Kids has the right to dismiss my child from the Program;
- 4) that Imagine Me Kids reserves the right to change instructors and room assignments as necessary, or to cancel classes not meeting minimum enrollments;
- 5) that if my child is not picked up by 8:10 PM on Thursdays or 6:10pm on Sundays, I agree to pay lateness fees according to policy, and that my child may be taken to the 20th Precinct in the event no one is available to supervise my child one hour after dismissal;
- 6) that if my child is injured and requires medical attention and I cannot be reached for instructions, I do hereby give authority to Imagine Me Kids and its teaching artists to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible;
- 7) that in consideration of Imagine Me Kids conducting the Program and allowing my child to participate in such program, I hereby release and forever discharge Imagine Me Kids and its officers, volunteers, employees, contractors, and agents from any liability arising out of or based upon any bodily injury or property damage which may be sustained by my child while participating in such program;
- 8) that during the Program activities my child may be photographed or filmed by Imagine Me Kids personnel or its authorized agents for internal or promotional use;
- 9) that some Film Conservatory activities may involve trips outside the building where the Program is held, supervised by staff of the Program. I give my child permission to go on any such trips, or film shoots, organized as part of the Program, including (but not limited to) neighborhood libraries, parks, museums, and other schools.

Parent/guardian signature _____

Date _____

Teacher Recommendation Form

Child's Last Name _____ First Name _____

Teacher _____ Contact Phone _____

Email _____

Name of School or Organization (if applicable) _____

City _____ Zip Code _____

I am the applicant's (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Media arts instructor |
| <input type="checkbox"/> Academic specialty (English, mathematics, science, etc.) | <input type="checkbox"/> Other, please describe
_____ |
| <input type="checkbox"/> Performing Arts instructor | |

How long and in what capacity have you worked with this student?

What do you consider to be this person's strongest qualities or talents?

What three words immediately come to mind when thinking of this student?

In what areas does the student show the greatest strength and/or creativity?

In what area does the student need to improve?

How would you describe the student's relationship with peers?

We welcome any other comments you have that would be helpful in evaluating this student: _____
