



Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Permission to Participate

TRANSIT ARTS is a program of Central Community House and all further references to TRANSIT ARTS include Central Community House. Please read and complete the following information and provide a parental/guardian signature as acknowledgement and consent for your child to participate within TRANSIT ARTS programming.

### Student Information (please complete the following information for the student who will be attending)

First Name: \_\_\_\_\_ Middle Name or initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender/Preferred Pronoun: \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ School District \_\_\_\_\_

Student's Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Race (Please check all that apply):

\_\_\_\_ American Indian or Alaska Native \_\_\_\_ Asian \_\_\_\_ Black or African American \_\_\_\_ Multiple Races  
\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_ White \_\_\_\_ Other Race \_\_\_\_\_

Is student of Hispanic, Latino, or Spanish Origin? Yes \_\_\_\_ No \_\_\_\_

Is English their primary language? Yes \_\_\_\_ No \_\_\_\_

Is student an Immigrant? Yes \_\_\_\_ No \_\_\_\_ If yes: What is their Country of Birth \_\_\_\_\_

Medical conditions (if any), including allergies that TRANSIT ARTS and/or Settlement Staff should have knowledge of: \_\_\_\_\_

Does student have needs for accommodations?

\_\_\_\_\_

Parent(s)/Guardian(s) name(s) \_ First Name, Middle Initial, Last Name

\_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email Address:

\_\_\_\_\_

Best way to contact: \_\_\_\_ call \_\_\_\_ text \_\_\_\_ email

*Please add additional name if applicable.*

Parent/Guardian name \_ First Name, Middle Initial, Last Name

\_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Parent(s) Date(s) of Birth (month/date/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Best way to contact: \_\_\_\_ call \_\_\_\_ text \_\_\_\_ email

Gender/Preferred Pronoun(s) \_\_\_\_\_

Primary Language \_\_\_\_\_ Hispanic, Latino, or Spanish Origin: Yes \_\_\_\_ No \_\_\_\_

**In the event of an emergency or an accident, please notify the person(s) listed below (if different from parent/guardian or if parent cannot be reached:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Household Information

As a publicly funded youth arts program, TRANSIT ARTS is required by our funders to report additional information to ensure we are serving a diverse community of participants and families. While all young people are invited to participate regardless of income, we must demonstrate that our programs are providing access to youth and families who may have limited financial resources. Your information will remain confidential and anonymous. We appreciate you and thank you for your commitment to TRANSIT ARTS!

Is your family eligible for TANF Benefits? \_\_\_\_ yes \_\_\_\_ no

Annual Household Income	Employment	Household Status	Household Size
<input type="checkbox"/> \$0–4,999 <input type="checkbox"/> \$5000–9,999 <input type="checkbox"/> \$10,000–15,999 <input type="checkbox"/> \$16,000–19,999 <input type="checkbox"/> \$20,000–24,999 <input type="checkbox"/> \$25,000–29,999 <input type="checkbox"/> \$30,000–34,999 <input type="checkbox"/> \$35,000–\$39,999 <input type="checkbox"/> \$40,000– \$44,999 <input type="checkbox"/> \$45,000 - \$49,999 <input type="checkbox"/> \$50,000 – \$54,999 <input type="checkbox"/> \$55,000 – \$59,999 <input type="checkbox"/> \$60,000 - \$69,999 <input type="checkbox"/> \$70,000 – \$79,999 <input type="checkbox"/> \$80,000 and up	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other	<input type="checkbox"/> Single, No dependents <input type="checkbox"/> Single, One Dependent <input type="checkbox"/> Single, two or more dependents <input type="checkbox"/> Couple, no dependents <input type="checkbox"/> Couple, one dependent <input type="checkbox"/> Couple, one or more dependents	# of Adults    # of Children under 18   

Central Community House, and other partners, may be able to provide assistance to families or provide needed referrals. Are you interested in learning more about assistance to families? Yes ☐ No ☐

**Media Consent:**

I fully understand that my young person's artistic creations may be displayed in the community through exhibit or publication and/or my young person may perform for the general public. I understand that my young person might be in contact with the press during TRANSIT ARTS programs. I give permission for TRANSIT ARTS to audiotape, photograph, or videotape my young person to help promote the TRANSIT ARTS Program or for other TRANSIT ARTS purposes. Initial \_\_\_\_\_

**Transportation:**

I fully understand that TRANSIT ARTS, a program of Central Community House, may transport my young person to and from various program related arts activities and hereby release and hold harmless TRANSIT ARTS against any liability, loss, or expense incurred or suffered in consequence. Initial \_\_\_\_\_

**Medical Consent:**

I understand that there are some risks inherent in the activities that are included in the TRANSIT ARTS Program, but willingly assume these risks in order to allow my young person to participate. If I cannot be reached in the event of an emergency, I give permission for any care or treatment by a physician, surgeon, hospital, nurse, doctor's assistant, or medical care facility that may be required.

Initial \_\_\_\_\_

In the event of an emergency and my child needs medical attention, I give permission to TRANSIT ARTS staff or volunteers to call the following physician for medical attention:

Initial \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

If the physician cannot be reached or emergency attention is needed, I give permission for my child to be taken to the following hospital: \_\_\_\_\_, or the closest hospital.

**By signing below, I give consent for (please print child's name)\_\_\_\_\_ to participate in TRANSIT ARTS and agree to the statements above.**

\_\_\_\_\_

Parent or Guardian (please print) Relationship to participant Phone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian Today's Date



## Partnership4Success Student Consent Form

Dear Parent/Guardian:

Partnership4Success (P4S), supported by various funders, partners with local agencies to provide youth with social, emotional, and academic supports. Recognizing the connection between building social and emotional competencies and academic success funders of youth service providers and several local agencies launched Partnership4Success (P4S) in the fall of 2014. P4S has since expanded to include numerous organizations and partners. The collaborative is comprised of representatives from each organization, as well as experts in the field. Our charge is to identify research-based assessment tools to measure the social and emotional competencies of participating youth in support of strengthening academic and long-term life outcomes.

P4S currently uses multiple assessments to measure social-emotional development that meet the following criteria: a) research shows that they are related to school achievement, and b) our partner agencies can track and measure student progress as a part of their work. We utilize assessments such as Aperture's DESSA assessment, PEAR Institute's Holistic Student Assessment (HSA), and Panorama. P4S utilizes student's aggregated data to measure school-based social, emotional, and academic outcomes and the impact of the P4S. This includes attendance, behavior, and academic information collected through the Learning Circle Software and other data management platforms.

☐ I hereby grant permission for \_\_\_\_\_ (*student name*) to participate in the P4S, and grant permission to share my child's program information (name, date of birth, student ID) with the P4S. I understand that information will only be shared about my child if it is relevant to my child's education. The P4S may also request access to my child's academic, attendance and behavior records for the current, prior, and future school years so they can provide targeted services to my child and understand the impact of this program. I allow P4S partners to discuss information that supports the goals defined above, with school officials and approved representatives of other agencies that have consent. I understand that my child's information will be kept confidential. I also understand that I can revoke this consent at any time in writing.

I understand that my child's personally identifiable information will not be shared with P4S funders. These funders include: City of Columbus, Franklin County Department of Job and Family Services, Franklin County Children Services, United Way of Central Ohio, and Nationwide Children's Hospital.

☐ I do not give permission for \_\_\_\_\_ (*student name*) to participate in the P4S.

\_\_\_\_\_  
Parent/Guardian Name (*print*)

\_\_\_\_\_  
Parent/Guardian Signature (*sign*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number or Email Address

## TRANSIT ARTS Code of Conduct

TRANSIT ARTS (Program), a program of Central Community House (CCH), is a community-based organization providing arts programming for youth, primarily ages 12-21, along with professional performances and art exhibits engaging the general public.

Participation in Program is subject to the observance of the Program' rules and procedures. The activities outlined below are strictly prohibited. Any participant or staff member who violates this Code is subject to discipline, up to and including removal from the program.

- Possession or use of alcoholic beverages or illegal drugs on CCH/Program property or reporting to Program while under the influence of drugs or alcohol.
- Bringing onto CCH's/Program's property dangerous or unauthorized materials such as explosives, firearms, weapons or other similar items.
- Verbal, physical or visual harassment of another participant, staff member or volunteer.
- Actual or threatened violence toward any individual or group.
- Conduct endangering the life, safety, health or well-being of others.
- Failure to follow any agency policy or procedure.
- Bullying, Cyberbullying, or taking unfair advantage of any participant.
- Failing to cooperate with an adult supervisor/leader/staff member/master artist under the pretense of safety and performance measures.
- Not maintaining appropriate physical, mental, emotional boundaries at all times to any student, staff, or artist.
- Providing any participant, under 18 years of age, transportation to or from Program activities without signed permission from student's parent/guardian.

- Inappropriate attire for all students and staff members

All members and staff of the program are welcome to express themselves through their personal style. Please do not abuse this privilege. Your clothing must not be of objectionable nature. Administration makes the final determination of what is deemed inappropriate or objectionable.

The following are not allowed:

- Overly revealing clothing and skin.
- Sagging of the pants to expose undergarments
- Offensive or threatening language or pictures on clothing.
- Pictures or slogans on clothing that promote drugs, tobacco, alcohol, or violent weapons.
- Anything gang-related, such as, but not limited to signs, graffiti, dress and language

For the safety of all participants, standard weekly workshops are limited to young people up to the age of 21.

Participants over 21 may participate under these conditions: they are participating in all-ages public programs (Open Mics, Community Dinners, public performances or exhibitions); they are contracted as professional or apprentice artists; they approved as a volunteer; they are engaged in special programming extending beyond age 21; they have scheduled studio hours with TRANSIT ARTS staff.

I have read and I understand the TRANSIT ARTS' Code of Conduct. I agree to abide by the rules described above and understand that I may be removed as a participant if I violate any of these rules.

Signature \_\_\_\_\_ Date \_\_\_\_\_