



MIAMI-DADE COUNTY DEPARTMENT OF CULTURAL AFFAIRS  
AFRICAN HERITAGE CULTURAL ARTS CENTER  
STUDENT REGISTRATION APPLICATION

PROGRAM SELECTION

- ☐ After School Arts ☐ Winter Kumba Arts ☐ Spring Arts ☐ Summer Arts ☐ Saturday Arts ☐ Workshop  
☐ Evening class ☐ Tour ☐ Field trip ☐ Apprenticeship Arts Company ☐ Other \_\_\_\_\_

STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Sex: ☐ Male ☐ Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child must be 6 years old by September 1<sup>st</sup> of current year  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: \_\_\_\_\_ School Address: \_\_\_\_\_  
Medical/Behavioral Condition: \_\_\_\_\_  
Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Ethnic group which you identify: (Optional)  
☐ Black - non-Hispanic ☐ Hispanic ☐ Asian or Pacific Islander ☐ American-Indian or Alaskan Native ☐ White – non Hispanic ☐ other \_\_\_\_\_

☐ CUSTODIAL PARENT ☐ NON-CUSTODIAL PARENT ☐ LEGAL GUARDIAN ☐ OTHER: \_\_\_\_\_

Parent: \_\_\_\_\_ Driver License #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_

☐ CUSTODIAL PARENT ☐ NON-CUSTODIAL PARENT ☐ LEGAL GUARDIAN ☐ OTHER: \_\_\_\_\_

Parent: \_\_\_\_\_ Driver License #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Authorized to pick up: ☐ YES ☐ NO  
Explain relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Permission to walk home: ☐ Yes ☐ No If yes, a written note must be on file in the AHCAC office. [Designated time: \_\_\_\_\_]

OFFICE USE ONLY

DATE	RECEIPT #	TENDERED AMOUNT	CASH/CK/MO	INITIAL

### EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Authorized to pick up:** ☐ YES ☐ NO  
Occupation: \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Authorized to pick up:** ☐ YES ☐ NO  
Occupation: \_\_\_\_\_ **Email Address:** \_\_\_\_\_

#### TUITION BASED PROGRAM:

- ☐ The AHCA Arts Academies are tuition-based programs. Once my child registration into the instructional service is accepted, the entire tuition is incurred, and I am obligated to pay full tuition cost. To fulfill by obligation I have selected payment plan ☐ A ☐ B ☐ C \_\_\_\_\_ (Initial)
- ☐ I understand that all payments are to be paid in advance and are **non- refundable**.  
\_\_\_\_\_ (Initial)
- ☐ My child's health is suitable for this active program and all preconditions have been noted.

#### LUNCH /SNACK:

- ☐ I understand that my child needs to have a: ☐ LUNCH & SNACK ☐ SNACK ☐ LUNCH  
Students are not permitted to leave the campus for lunch. \_\_\_\_\_ (Initial)

#### REQUIREMENTS:

- ☐ To participate in the arts academy, I understand that my child will be required to have special items, supplies and attire for the instructional programs. I further understand that my child will be required to participate in various productions, performances, showcases, recitals and/or exhibits, and as a result must obtain various needed items for the event.  
\_\_\_\_\_ (Initial) \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Shoe Size

#### FIVE ESSENTIAL RULES:

- ☐ I have reviewed the five essential rules for successful and positive outcomes and will review the same with my child.  
(1) Respect everyone. (2) Participate to the best of your ability. (3) Learn something new and improve every day. (4) Respect the learning environment. (5) Be prepared and on time. \_\_\_\_\_ (Initial)

#### PHOTO RELEASE:

- ☐ I hereby authorize the African Heritage Cultural Arts Center to film /photograph my child as a participant of the current program. I further understand and acknowledge that any video, photographic or other images obtained are property of the African Heritage Cultural Arts Center and may be used for publicity and educational purposes in perpetuity.  
\_\_\_\_\_ (Initial)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature