



# ICP at The point

940 Garrison Ave. Bronx, NY 10474 \* 718-542-4149 \* www.thepoint.org

Winter 2012 Semester Dates: January 16<sup>th</sup> – April 5<sup>th</sup>

**Please indicate which course you are applying for:**

- Photography I in Black and White for Pre Teens – Mondays, 4-7pm
- Photography I in Black and White for Pre Teens - Tuesdays, 4-7pm
- Photography I in Black and White for Teens – Wednesdays, 4-7pm
- Photography I in Black and White for Teens - Thursdays, 4-7pm
- **\*During the fall term all classes are beginner level and meet *once* a week.**

## Application for ICP at THE POINT’s Photo Classes 2012

<b>Child Information</b>			
<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>	
<b>Date of Birth:</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>
<b>Address:</b>			<b>Apt</b>
<b>Borough:</b>		<b>Zip Code:</b>	
<b>Home Telephone:</b>		<b>Cell Phone:</b>	
<b>E-mail Address:</b>			

<b>Family Information</b>		
<b>Total number of people living in the household:</b>		
<b><u>Guardian/ Mother’s Information</u></b>		<b><u>Father’s Information</u></b>
<b>Name:</b>		
<b>Place of Employment:</b>		
<b>Work Phone Number:</b>		

<b>Pick Up Information</b>		
<b>I give my child permission to walk home alone YES / NO</b>		
<b><u>The following adults have my permission to PICK UP my child</u></b>		
<b>Name</b>	<b>Relationship</b>	<b>Telephone Number</b>

<b><u>School Information</u></b>	
<b>Name of school child will be attending in 2011-12:</b>	
<b>Grade:</b>	<b>Teacher:</b>
Are you receiving H.S. art credit for this class? (circle one) YES NO If yes, guidance counselor signature required: _____	
<b>What type of educational programming is your child enrolled in? (circle one)</b>	
Regular Education	Special Education English as a Second Language
<b>If your child is enrolled in Special Education please specify what type (i.e. inclusion, out of support)</b>	

<b>Medical Information</b>		
<i>This section must be completed in full in order to join the program in case of emergency</i>		
<b>Family Clinic or Hospital:</b>		
<b>Name of Physician:</b>	<b>Phone :</b>	
<b>Medication currently being taken by participant:</b>		
<b>Allergies of participant:</b>		
<b>Other Medical Condition:</b>		
<b>Emergency Contacts</b>		
<i>Three people who will be responsible for the child if the parent or guardian is not available:</i>		
<b><u>Name</u></b>	<b><u>Relationship</u></b>	<b><u>Phone Number</u></b>

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## Parent Agreement Form

In order for THE POINT to better serve your child, we ask that you carefully review the following guidelines for participation. By signing the consent form below, you are accepting the terms of participation and making a commitment to the overall success of the program.

### **Common Grounds:**

- \*Photo classes begin promptly at 4pm.
- \*Students are expected to arrive on time.
- \*Students are responsible for bringing their camera to every class, no exceptions!
- \*Each student is expected to be a productive and contributing member.
- \*Students are to be respectful.
- \*There is absolutely no eating in the darkroom.

### **Attendance:**

I agree to maintain consistent attendance during the program term. **More the (2) unexcused absences result in student not eligible to continue.** Consistent attendance is critical to keeping our doors open.

### **Medical :**

In case of medical or dental emergency, I give permission to The Point CDC, to obtain necessary and immediate medical treatment for my child, with the understanding that a family member or I will be notified as soon as possible.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## CAMERA SIGN OUT FORM

Camera Serial # \_\_\_\_\_

Lens Serial # \_\_\_\_\_

Student Name \_\_\_\_\_

Class \_\_\_\_\_ Term \_\_\_\_\_ Instructor \_\_\_\_\_

***Please read below and sign.***

Conditions under which camera and lens are being loaned:

- I am providing a \$50 deposit (cash or money order ONLY) for the camera my child is using.
- I understand the camera is on loan only during the term my child is enrolled in class.
- The camera will be returned on the last day of class.
- I understand the \$50 deposit will be returned upon receipt of the camera only if the camera is returned in the condition it was received.
- I assume full financial responsibility for the camera and lens issued to my child in the event it is damaged or not returned.
- The deposit will be returned directly to me unless I make a request in writing stating otherwise.

I, \_\_\_\_\_, parent/guardian of  
PRINT Parent/guardian's full name

\_\_\_\_\_, have read and agree to the above  
PRINT child's full name

listed conditions under which the above said camera and lens are being loaned.

PARENT'S NAME - PRINT \_\_\_\_\_

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



WHERE COMMUNITY AND CREATIVITY CONNECT.

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940 GARRISON AVENUE · THE BRONX, NY 10474 · (718) 542-4139 FAX (718) 542-4988 [www.thepoint.org](http://www.thepoint.org)

## Photography, Writing, Video and Media Release Form

On occasion, THE POINT CDC may use photographs, writing, and/or artwork created in our programs for non-profit purposes such as but not limited to education, promotion, publication, and/or exhibition uses.

Similarly, the nature of THE POINT's work as community advocates and a community center may put participants our Programs in direct contact with print, television, and/or internet media.

*(please check boxes and complete this form)*

I, \_\_\_\_\_ (print name), grant permission for my child \_\_\_\_\_ (print name), to be photographed, filmed, and/or interviewed during POINT-related work and activities by staff, students, and/or members of the me. And I grant permission for these to be edited, used. And reused for any non-profit purposes such as educational, promotional, publication, and/or exhibition uses.

I grant permission for my child's photographs, writings, and/or other created materials to be used for any non-profit purposes such as educational, promotional, publication, and/or exhibition uses. I also hereby release THE POINT CDC and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Name of Student: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_