

MURALARTSPROGRAM

Mural Corps 2008-2009 Application

PARTICIPANT INFORMATION

Name: _____ Age: _____ Birth Date: _____ Today's Date _____

School or Program (if any): _____ Grade in Sept 08 (if applicable): _____

Student's Address: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____ Social Security #: _____

Name of Parent/Guardian: _____ Relationship: _____

Parent/Guardian Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Parent/Guardian email: _____

How often do you check email? Frequently _____ Not often _____

Do you have a work permit? (Circle one) Yes No NA

EMERGENCY CONTACT (someone other than parent/guardian)

Name: _____ Relationship: _____

Emergency Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

MEDICAL INFORMATION (please attach current school immunization record or most recent physical health assessment form)

Does the participant have any allergies or medical conditions? _____

Name of Child's physician/ medical care provider: _____

Address of physician/ medical provider: _____ Phone: _____

Health insurance coverage for child or medical assistance benefits: _____ Policy #: _____

Please read and sign the below permission releases. Leaving the boxes blank below implies you are giving Mural Arts authorization for these releases.

<p>Trips Release "I give permission for my child/ward to be transported on field trips while at the Mural Arts Program." Parent/Guardian Initials _____ Yes___ No___</p>	<p>Media Release "I hereby grant permission to record my child's/ward's likeness and/or voice for any use by television, film, radio, web page or printed media to further the aims of the Philadelphia Mural Arts Program in related campaigns and magazine articles, booklets, posters, and in any other way they see fit." Parent/Guardian Initials _____ Yes___ No___</p>	<p>Evaluation Release "I hereby grant permission for my child/ward to participate in an evaluation of the program involving written questionnaires. I understand that data analysis and reporting may be conducted by an agency external to Mural Arts." Parent/Guardian Initials _____ Yes___ No___</p>
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I allow my child/ward to receive emergency medical care.
Parent/ Guardian Initials: _____ Yes___ No___

I allow my child/ward to receive minor first aid procedures.
Parent/ Guardian Initials _____ Yes___ No___

Parent/Guardian Signature _____

**Attach a copy of current school ID (if applicable) and send with application to:
Mural Arts Program, Thomas Eakins House, 1729 Mount Vernon St. Philadelphia PA 19130
Attn: Noni Clemens or fax to 215.685.0757. For more information call Noni Clemens at 215-685-0753.**

Note: Enrollment is limited. Applicants will be notified about acceptance into program. Please understand more information maybe required for admission depending on program. All program are FREE of charge!

Please note that address information may be used anonymously for geographic or statistical analysis as requested by MAP's funders.