

# Parent/Guardian Information



**Please keep this page and sign and return the attached application and FERPA form by \_\_\_\_\_ to the CAP teaching artist.**

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The Cathedral Arts Project is the leading nonprofit provider of quality, comprehensive and ongoing instruction in the visual and performing arts for elementary and middle school students in Duval County. The driving force behind all CAP programs is the belief that the arts matter – they provide essential skills, like creative thinking, perseverance, teamwork and self-discipline, that benefit all people in all areas of their lives.

## **CAP transforms lives by:**

- Instructing using a standards-based curriculum that immerses students in the vocabulary, history and beauty of an art form.
  - Instilling through rigorous and sequential learning, building students' skills over the course of a school year.
  - Inspiring by introducing students to professional, diverse, working artists through field trips to arts and culture venues and presentations at program sites.
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**By signing the attached enrollment application, you agree to help us with the following:**

- **Regular Attendance**  
This is critical to your student's success. Ensure your student attends every class and participates the entire time. Your student should not be picked up early as it disrupts the class and slows your student's progress.
  - **At-Home Practice**  
The growth in your student's artistic skills will depend on practice at home. Encourage your student to practice each week.
  - **Performances**  
Ensure your student participates in the Cathedral Arts Project showcases. The Visual and Performing Arts Showcases will be held in Spring 2020. Additional information will be shared later in the year.
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## **Instructions**

- Complete all information on enrollment application.
  - Witness signature is required.
  - Complete and sign attached FERPA form. Must be legible and signed by parent/guardian listed in student's Focus account.
  - Return enrollment application and FERPA form to the CAP teaching artist as soon as possible.
  - Enrollment is subject to the student's acceptance to the class.
  - Your student will be informed of acceptance by the CAP teaching artist.
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**A one-time \$20 enrollment fee is required at the time of application.** Payments can be made by credit card, cash or money order – no checks will be accepted. Please return to CAP teacher in enrollment fee envelope, or call 904.281.5599 ext.19 to pay via credit card. Financial assistance opportunities are available – please contact Kristin Livingston at 904.281.5599 ext.13 or kristin@capkids.org for more information.

Class space is limited to 20-35 students, depending on the discipline, so be sure to apply as soon as possible. You will receive confirmation once your student is enrolled in the CAP class. Final class rosters must be approved by the CAP teaching artist and principal.

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# Enrollment Application



FOR CAP USE	Site	<input type="radio"/> CC
	Class Days	<input type="radio"/> Cash
	Class Time	<input type="radio"/> MO
	<input type="radio"/> Dance <input type="radio"/> Music <input type="radio"/> Theatre <input type="radio"/> Visual Arts	

**Student Information**    First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DCPS Student ID Number \_\_\_\_\_ DOB (mm/dd/yy) \_\_\_\_\_ Grade Level \_\_\_\_\_

Returning CAP Student?     Yes     No    *If yes, what year did they join CAP?* \_\_\_\_\_

<b>Race (select one below)</b>		<b>Gender</b>	<b>Allergies/Medical Info</b>	<b>T-shirt Size (select Youth or Adult)</b>	
<input type="radio"/> Black	<input type="radio"/> Asian	<input type="radio"/> Female	_____	<b>Youth</b>	<b>Adult</b>
<input type="radio"/> White	<input type="radio"/> American Indian	<input type="radio"/> Male	_____	<input type="radio"/> XS <input type="radio"/> L	<input type="radio"/> S <input type="radio"/> XL
<input type="radio"/> Hispanic	<input type="radio"/> Other	<input type="radio"/> Prefer not to say	_____	<input type="radio"/> S <input type="radio"/> XL	<input type="radio"/> M <input type="radio"/> 2X
<input type="radio"/> Multiracial			_____	<input type="radio"/> M	<input type="radio"/> L <input type="radio"/> 3X

## Parent/Guardian Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Student     Parent     Step-Parent     Grandparent     Legal Guardian     Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

DOB (mm/dd/yy) \_\_\_\_\_ Email \_\_\_\_\_

## Enrollment in the Program

I hereby authorize the Cathedral Arts Project to provide afterschool instruction to \_\_\_\_\_ **Student Name** \_\_\_\_\_.

I acknowledge that, if this Application is accepted, the Student will be enrolled in the afterschool program referenced above, and as such will be subject to the rules and regulations set forth by the Cathedral Arts Project to facilitate the Program.

I authorize and agree to the terms and conditions contained in this agreement. I have carefully read and completely understand all the information contained in this agreement. I further understand and agree that the Waiver of Liability is effective and valid for all activities in which the Student may participate during the Student's enrollment in the Program, including without limitation field trips, performances or any activities which occur in locations other than on school property.

I, \_\_\_\_\_ **Parent/Guardian Name** \_\_\_\_\_ (print name), hereby have read and agree to the terms and conditions on both the front and back of this enrollment form:

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

\_\_\_\_\_  
*Parent/Guardian Printed Name*

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
*Witness Printed Name*

## Terms and Conditions

- 1. Regular Attendance** – I acknowledge that regular attendance is critical to the success of the Program and the Student. I will make every effort to ensure the Student attends each class in the Program. In addition, I will make every effort to ensure the Student remains in class for the entire class session. I understand it is important that I do not pick up the Student early from the Program as it disrupts the class and impedes the Student's progress. The Student may be dropped from the Program in the event the Student misses more than four (4) classes and/or activities.
- 2. Behavior in School** – I acknowledge that the academic progress of the Program is vital. I will make every effort to work together with the teachers to help shape any reoccurring misconduct, but in the event that the Student's behavior prohibits others from learning, he/she may be dropped from the Program.
- 3. Media Release** – I authorize the photographing and/or videotaping, recording and/or interviewing of the Student while enrolled in the Program. In addition, I authorize the Cathedral Arts Project and its officers, directors, employees, agents and partners to publish said photographs and/or videos, as well as the Student's name and achievements, in newsletters, social media, videos or other media during or after the time the Student participates in the Program. All photographs and video files shall remain the property of CAP.
- 4. Student Work** – I authorize the display, exhibition or publication of the Student's work created while enrolled in the Program by the Cathedral Arts Project, including without limitation in any of their publications, displays or productions, as well as in social media, press releases or news articles for the local or national news media.
- 5. Participation in Student Program Evaluation** – I authorize and consent to the Student's participation in program evaluation conducted by the Cathedral Arts Project, as well as individuals and entities associated with the Cathedral Arts Project. I authorize and consent to the Student's participation in the program evaluation during the Student's enrollment in the Program and for at least three (3) years after having been enrolled in the Program. If I do not wish for the Student to participate in the program evaluation, I may withdraw my consent at any time by delivering written notice of the withdrawal of my consent to the Program instructor. The purpose of the program evaluation is to improve the quality of the Program, as well as ensure the Program continues to serve the needs of the students enrolled. Participation in the program evaluation may include the collection of information about the Student including, but not limited to, demographic data, behavioral/discipline data, assessment data, attendance data, and academic performance data. Additionally, the Student may also be asked to participate in interviews conducted by the program evaluation staff, complete a mailed questionnaire, or participate in various group activities as part of the program evaluation. The information

gathered during the program evaluation may be disclosed to third parties associated with the Program. Informational reports will be generated from the results of the program evaluation, but will not include specific names or identities, and such reports may be distributed to third parties as Cathedral Arts Project shall in its sole discretion deem appropriate. The Student's participation in the program evaluation is completely voluntary. The Student may withdraw from participation in the program evaluation at any time and may continue to participate in the Program regardless of whether the Student participates in the program evaluation. The program evaluation will benefit the Student and future students in the Program by improving the quality of the services the Cathedral Arts Project provides. If you have questions about the program evaluation, contact Kristin Livingston, Director of Programs at 904.281.5599 ext. 13, or kristin@capkids.org.

I further authorize Duval County Public Schools to release information about my child to the Cathedral Arts Project, including student performance and other information as enumerated in paragraph 5, from three (3) years prior to, during, and for at least three (3) years following the Student's participation in the Program.

- 6. FERPA form** – Please complete and sign the attached FERPA form. All information must be legible, and **the form must be signed by the legal parent/guardian who is listed as the student's guardian in Focus (the DCPS Student Information System)**. If you are unsure who is listed as the guardian in Focus, please log in to your Focus account. If further assistance is needed, please contact your school's administration office. If the form is illegible and/or signed by the incorrect person, you will be asked to complete a new form.
- 7. Waiver of Liability** – I agree and acknowledge that I hereby freely and fully release the Cathedral Arts Project, the Board of Directors of the Cathedral Arts Project, and the Cathedral Arts Project's members, owners, employees, instructors, successors, assigns, heirs, parents, subsidiaries, affiliates, representatives, officers, directors, partners, employees, and agents (the "Released Parties"), from and against all loss, liability, claim, damage (including incidental and consequential damages) or expense whether or not involving third party claims, arising directly or indirectly from, or in connection with, the Student's participation in the Program including, without limitation, any claim that arises by reason of accident, illness or injury or any other consequences arising from the Student's participation in the Program, even if said injury is a result of negligence, active or passive, on the part of the Released Parties.
- 8. Enrollment Fee** – A \$20 enrollment fee is due upon acceptance into the Cathedral Arts Project class.



## ONEVIEW PORTAL PARENT FERPA CONSENT FORM

I consent to the disclosure of the following educational records of my child to Cathedral Arts Project and the Jacksonville Public Education Fund (“Data Recipients”). I understand that the following educational records will be available to facilitate research to improve instruction and student supports throughout Duval County.

**Student Information:** *(please print)*

Last Name	First Name	M	Date of Birth	Student Number
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*All of the following educational records are approved for release:*

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• All student and family demographics</li> <li>• All district/state/national student assessments</li> <li>• All student services data including discipline and health</li> </ul> | <ul style="list-style-type: none"> <li>• All academic data</li> <li>• All attendance data</li> <li>• All data contained on the OneView parent portal</li> </ul> |
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**Parent/Guardian Providing Consent to Above-Listed Data:** *(please print)*

Parent/Guardian Name (Print)	Parent/Guardian Signature	Date
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Written consent of parents is usually required for the release of personally identifiable records or other information protected by the Family Education and Privacy Act to agencies or individuals. Agencies or individuals may not share information with any other party without the written consent of the parents unless entitled to do so under FERPA 99.33.

**You may revoke this authorization at any time. Unless revoked earlier, this consent will remain in effect until one school year (August 1<sup>st</sup> to July 31<sup>st</sup> of the following year) after program enrollment.**

**Duval County Public Schools Use Only:**

Name of DCPS Staff Fulfilling Request (Print)	Staff Signature	Date
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