



**APPLICATION for the Summer Arts Academy at the  
Cal Poly Pomona Downtown Center  
July 7<sup>th</sup>-August 1<sup>st</sup> Monday through Friday, 9 a.m.- 4 p.m.  
Students are placed in their age-appropriate class  
Each class is limited to 15 students for optimum instructor/student interaction  
*SPACE IS LIMITED---REGISTER AS SOON AS POSSIBLE!***

<b>Mail registration form and check: by June 2<sup>nd</sup>, 2008</b>		<b>Summer Arts Academy—College of Letters, Arts, Social Sciences</b> Cal Poly Pomona, 3801 W. Temple Avenue, Pomona CA 91768		
Student's Name:		Age (As of 7/7/08): Birthdate:		
Grade and school last attended?		Is student performing at grade level in reading and language arts?		
Parent's Name(s):				
Street Address:		City:	Zip:	
Parent/Emergency Contact Info (phones and email)	Name and Phone#1	Name and Phone #2	Parent E-mail	
Employer:	What is the primary language spoken in the home?			
Child's Physician Phone & Address:	Health Insurance Carrier and ID OR include copy:			
Student's Special Needs/Considerations (if any) Medical Conditions, Allergies:				
Payment:	<input type="checkbox"/> Enclosed please find my check for \$450.00. (\$100 of tuition is non-refundable if student does not attend the academy for any reason) <b>To pay by credit card, call Jonnie Owens at 909.869.4689</b> Please see attached for need-based fee adjustment/waiver.			

**PARENTAL/GUARDIAN PERMISSION SLIP WARNING, WAIVER & RELEASE OF LIABILITY**

I the parent/legal guardian give permission for my child to participate in the Cal Poly Pomona Downtown Center Summer Arts Academy:

I understand that the leaders will make every attempt to reach me, but in the event emergency treatment is necessary, I give the Summer Arts Academy and Downtown Center staff the right to transport and authorize medical treatment on behalf of my child.

In consideration of being given permission to participate in the Summer Arts Academy I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which my child may have, or which hereafter accrue to my child, against California State Polytechnic University, Pomona (the University) as a result of my participation in the event. This release is intended to discharge the State of California, Cal Poly Pomona Downtown Center, Summer Arts Academy, the University, its trustee, officers, employees and volunteers, and any public agencies from and against any and all liability arising out of or connected in any way with my child's participation in this program. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. It is the intention of the parties hereto that the provisions of this paragraph be interpreted to impose on each party responsibility for their own negligence.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS, I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS AGREEMENT AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN CAL POLY POMONA, AND MYSELF, I HAVE AGREED TO SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Your child is applying to be a participant in Cal Poly Pomona's Summer Arts Academy at the Downtown Center. We want to be sure that you support this application and have every expectation that your child will fulfill the commitment that participation requires. Students should be on time, attend all classes and field trips, as well as the ending Showcase on Friday, August 1<sup>st</sup> at 5 p.m. Please indicate, by signing this letter and returning it with your child's application, that you are committed to full attendance and participation by your child, and that your student will have adequate transportation to the academy. We realize that on occasion, an emergency or illness may occur which may cause your child to be absent. If that happens, we ask that you contact the Downtown Center to report your child's absence.

The Summer Arts Academy staff expects parental support regarding the behavior of their students. Students are mentored and taught in a nurturing, caring environment. We expect students to treat each other and the facilities with respect, which means they will not call names, hit or use unwelcome touch with other students or their property, or with intention, damage the facilities. If a student cannot adapt to the learning community, and continues to show disrespect to their teachers, fellow students, or the facility, the Summer Arts Academy reserves the right to remove them from the program. In the case of a student being removed because of continued disciplinary problems, no refunds will be granted. Please feel free to call me at 909-869-4689, if you have questions or wish to discuss the program.

Ms. Jonnie J. Owens  
Director of Community Outreach, College of Letters, Arts, and Social Sciences at Cal Poly Pomona

**Parent/Guardian Signature:**

**Date:**

**Cal Poly Pomona Summer Arts Academy Representative:**

**Date:**

PLEASE ALSO INDICATE YOUR AGREEMENT TO THE FOLLOWING:

I hereby give my permission for the Summer Arts Academy, Downtown Center or California State Polytechnic University, Pomona to use photographs of, or including, my child for publicity for this program, and to reprint my child's written or artistic material (with the child's oral agreement).

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

*Is there anything that we need to know about your child to ensure that they have an optimum learning and social experience during the Summer Arts Academy? Please tell us about your child.*

The following is optional, but helpful to us as we apply for funding to help keep the cost of the academy affordable.

Ethnicity/Race: Please check all that apply:

- Asian *Specify* \_\_\_\_\_
- Latino/a *Specify* \_\_\_\_\_
- African American
- Pacific Islander *Specify* \_\_\_\_\_
- Caucasian/White
- Multiethnic/multiracial *Specify* \_\_\_\_\_
- Other *Specify* \_\_\_\_\_

Does your child participate in a school lunch program, receiving free or reduced-fee lunches?  Yes  No

Application must include the following.

- Completed and signed application and parent/guardian commitment
- Letter of reference

Letter of reference from teacher, youth worker, counselor, or some other non-related adult should explain why the student is a good candidate to attend the Summer Arts Academy. This need not be on the basis of artistic or academic ability, but on the ability of the student to benefit from the type of programming that the Summer Arts Academy is offering.

- Statement from student (ages 9-16, waived for 7-8 year olds)

Statement from student explaining why they want to attend the Summer Arts Academy and what they hope to receive by attending. Student statement may be brief but should make clear that the student is interested in attending the academy and will contribute to the overall program by demonstrating a willingness to participate in activities.

- Payment of full (or partial registration fee is applying for partial scholarship) registration fee and/or
- Completed scholarship request (below)

Scholarship Request (all scholarships are based on financial need):

Full tuition is \$450. How much are you able to pay for your child to attend? \_\_\_\_\_

Does student live with: \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_ Other: \_\_\_\_\_

Please check as many as apply.

Number of Brothers/Sisters in Household \_\_\_\_\_

Annual Family Income (all sources) \_\_\_\_\_ Number in Household \_\_\_\_\_

Please explain any special circumstances that may help us in determining your financial eligibility for a scholarship.