



## TEEN ART CLUB

Looking for a fun, creative, in-person, educational club for your child?  
Register them for our free, after-school Teen Art Club for the rest of the school year!

Teen Art Club meets every Wednesday and Friday, each week, from 4:00pm to 6:00pm

**January 27, 2021 - June 11, 2021**

How it works:

- Interested students must fill out the registration form on the reverse of the page, and turn it in to CAC. Forms can be dropped off, mailed or emailed to [tyler@chesapeakearts.org](mailto:tyler@chesapeakearts.org).
- Registration: There is no cost to join this program as long as the student's family meets the income-based requirements. Please note that all families must fill out the attached ACDS scholarship application and must qualify under the terms described in the application.\*
- Students will be selected to participate based on a lottery drawing.
- Selected students' parents/guardians will be contacted by phone to confirm participation.
- All activities will be held after school at the art center on Wednesdays and Fridays from 4:00pm - 6:00pm.
- Students that qualify for this program automatically qualify for our tuition assistance scholarship program, taking 25%-75% off of all CAC classes and workshops.
- All activities inside the CAC must follow our Covid-19 safety protocols: masks are mandatory for all staff, instructors and students, temperatures are checked at the door, everyone must maintain social distance at all times, frequent hand washing and use of sanitizer will be encouraged. For more information, please visit our website at [www.chesapeakearts.org](http://www.chesapeakearts.org)

This program is made possible through generous support of [Arundel Community Development Services](#).

**TEEN ART CLUB**  
**Registration Form**  
(PLEASE PRINT CLEARLY)

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Gender:** \_\_\_\_ **Grade:** \_\_\_\_

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

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

Does your child have any medical issues that our staff should be aware of? (allergies, medications, or other concerns)

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**Transportation:**

I (or another adult, listed below) will be available to pick up my child at 6:00pm from The Chesapeake Arts Center: 194 Hammonds Lane, Brooklyn Park, MD, 21225. If you or the student's transportation is running late, please call the CAC office at 410-636-6597.

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**(Names of allowed persons for picking up student)**

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**(Initial)**

**Student Behavior Policy** – CAC reserves the right to cancel or refuse the registration of a student in a class or workshop if participation by the student is deemed disruptive or interferes with the learning atmosphere and enjoyment of the class/workshop.

**Photograph Release** – I (the undersigned) hereby grant CAC the right to photograph me or my child during classes and performances, and to use my or their image, photograph, silhouette and other reproductions of their physical likeness in connection with ongoing CAC publicity. By my signature here I understand that I agree to the above mentioned guidelines and completely turn over all rights to the still photographs to the CAC.

**Release, Waiver of Liability, and Indemnity Agreement** – I (the undersigned) hereby agree with the Chesapeake Arts Center, Inc. (CAC) to the following by affixing my signature below on this date. In connection with my participation in the CAC program, I understand and acknowledge the nature and extent of the activities that will be involved in the Program and assume the risk inherent in such activities on behalf of myself and any minor children. I voluntarily waive any and all claims, costs, liabilities, expenses (including attorney's fees), and judgments against CAC staff and agents and hereby release, excuse and discharge CAC, its directors, officers, employees, servants, subcontractors, and agents from all claims, costs, liabilities, expenses (including attorney's fee), and judgments which may arise out of my participation in the Program and all aspects attendant thereto. The undersigned further agrees to indemnify and hold CAC staff and agents harmless from any and all claims, damages, actions, liabilities, expenses (including attorney's fees) and judgments that may arise out of my participation with the Program.

**Closings/Cancellations** – CAC follows the Anne Arundel County Public School System. If AACPS close for weather, CAC classes are cancelled for that day and evening. Instructors are required to verify closure with CAC first and then notify all students if classes are cancelled due to weather. All students' contact numbers are on the attendance sheet which you are provided with at the beginning of each semester. If weather conditions are a concern for Saturday classes, a decision whether to go or cancel will be made by noon on Friday, and posted online and on CAC's front door.

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

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
PARTICIPATION DATA: LFY 2021**

*The service being provided to you is funded in part by the U. S. Department of Housing and Urban Development (HUD). The information being requested is only for federal compliance with data collection standards, monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination. Please provide the information requested below.*

**Form to be completed by participant or by the parent or guardian of any minor child under the age of 18.**

1. **Head of Household:** Are you the head of the household?  Yes  No

2. **Household Size and Total Annual Household Income:**

A. Circle the total number of people in your household in the first column.

B. On same line as your household size, check the income range that includes your household's annual income.

*When determining your household income, include at minimum the following sources for all wage earners: 1) gross amount of wages, salaries, and other earnings, 2) net income from operation of a business or profession, 3) interest, dividends, and other net income from real or personal property, 4) full amount of periodic amounts received from Social Security, annuities, pensions, or disability or death benefits, Unemployment, disability compensation, worker's compensation and severance pay, 5) public assistance e.g. welfare payments, food stamps, 6) alimony, child support payments etc.*

House-hold Size	HOUSEHOLD INCOME			
	30% or Less AMI*	31-50% AMI*	51-80% AMI*	81% AMI and Above
1	<input type="checkbox"/> \$21,850 or less	<input type="checkbox"/> \$21,851 - \$36,400	<input type="checkbox"/> \$36,401- \$54,950	<input type="checkbox"/> \$54,951 or more
2	<input type="checkbox"/> \$25,000 or less	<input type="checkbox"/> \$25,001 - \$41,600	<input type="checkbox"/> \$41,601- \$62,800	<input type="checkbox"/> \$62,801 or more
3	<input type="checkbox"/> \$28,100 or less	<input type="checkbox"/> \$28,101 - \$46,800	<input type="checkbox"/> \$46,801- \$70,650	<input type="checkbox"/> \$70,651 or more
4	<input type="checkbox"/> \$31,200 or less	<input type="checkbox"/> \$31,201 - \$52,000	<input type="checkbox"/> \$52,001- \$78,500	<input type="checkbox"/> \$78,501 or more
5	<input type="checkbox"/> \$33,700 or less	<input type="checkbox"/> \$33,701 - \$56,200	<input type="checkbox"/> \$56,201- \$84,800	<input type="checkbox"/> \$84,801 or more
6	<input type="checkbox"/> \$36,200 or less	<input type="checkbox"/> \$36,201 - \$60,350	<input type="checkbox"/> \$60,351- \$91,100	<input type="checkbox"/> \$91,101 or more
7	<input type="checkbox"/> \$38,700 or less	<input type="checkbox"/> \$38,701 - \$64,500	<input type="checkbox"/> \$64,501- \$97,350	<input type="checkbox"/> \$97,351 or more
8 +	<input type="checkbox"/> \$41,200 or less	<input type="checkbox"/> \$41,201 - \$68,650	<input type="checkbox"/> \$68,651- \$103,650	<input type="checkbox"/> \$103,651 or more

Effective June 28, 2020; \* CDBG Income Eligible

3. **Ethnicity** you must also check one of the racial categories if you check Hispanic)

Hispanic  Non-Hispanic

4. **Race (Check only one):**

Black/African American  Asian  Native Hawaiian/Pacific Islander  
 White  Asian & White  American Indian/Alaskan Native  
 American Indian/Alaskan Native & White  Black/African American & White  
 American Indian/Alaskan Native & Black/African American  
 Other Multi-Racial: \_\_\_\_\_

5. **Status (Check all that apply):**  62 years or older  Female Headed Household  Disabled

I hereby certify that the above information is true and correct to the best of my knowledge. I, the undersigned, agree and acknowledge that the information provided is true and correct as of the date set forth opposite my signature. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program. I also understand that this agency, ACDS, or HUD may at any time request to see documentation that can verify that the income and information reported on this form is accurate and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_