BEYOND THE LINES

6–8年级艺术夏令营

我们提供早餐，午餐，艺术用品，夏令营T恤衫和每周实地考察。

2019年7月8日-8月16日
星期一至星期五, 上午9点到下午3点

联络: Jiawen@AsianArtsInitiative.org
Asian Arts Initiative简介
Asian Arts Initiative是费城一所立足于社区的艺术中心。机构致力于促进艺术家和民众进行艺术创作，用艺术作品探索亚裔美国人的丰富经历，阐述社会情境，畅想并驱动社区的积极改变。

Youth Arts Workshop简介
Youth Arts Workshop为亚裔美国青少年及所有背景的同学们提供艺术创作机会和安全的空间。在这里学生可以分享他们的经验，并且在社区中获得归属感。无论同学们背景如何，我们致力于服务所有青年艺术家们，并支持他们获得平等和行使权利的机会。

这个暑假
Youth Arts Workshop欢迎费城的中学生(6到8年级)来参加我们为期六周的夏令营。我们将和艺术家Jino Lee还有客座艺术家们一起进行各种艺术创作。此外，我们还将和其它社区机构合作，通过不同艺术形式探索诸如监禁和移民等社会问题。学费包含艺术材料，夏令营体恤衫，早餐和午餐，以及每周的外出旅行。

暑期班联系信息
地址:1219 Vine Street, Philadelphia, PA 19107
联系电话:215 557 0455
项目负责人:Jiawen Xiong, Jiawen@AsianArtsInitiative.org
教学艺术家：Basrah Sorathia, Basrah@AsianArtsInitiative.org

暑期班时间表
7月8日至8月16日期间每周一到周五上午九点到下午三点。暑期班通常每周五会安排外出旅行。

9:00-9:30 学生到达并吃早餐(由暑期班免费提供)
9:30-9:50 晨间热身
10:00-12:00 主题相关艺术课程
12:00-1:00 午餐(由暑期班免费提供)
1:00-1:20 午间热身
1:30-2:40 手工制作或客座艺术家工作坊
2:40-3:00 整理教室和每日总结
3:00 学生离开
## REGISTRATION FORM

### 学生基本信息

<table>
<thead>
<tr>
<th>学生姓名</th>
<th>名字</th>
<th>中间名</th>
<th>年级</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>学校</th>
<th>年级</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>学生身份证号</th>
<th>出生日期</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>学生家庭住址</th>
<th>邮政编码</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>学生家庭电话号码</th>
<th>学生手机号码</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent’s E-mail and/or best form of contact (e.g. phone, fax, mail)

### 人口学信息

学生种族/民族（勾选所有适用的项）
- 黑人或非裔美国人
- 亚裔
- 白人
- 夏威夷原住民或其他太平洋诸岛人
- 拉丁裔或西班牙裔
- 美洲印第安人或阿拉斯加原住民
- 其他（请说明）：

<table>
<thead>
<tr>
<th>学生性别</th>
</tr>
</thead>
<tbody>
<tr>
<td>男</td>
</tr>
</tbody>
</table>

### 放学信息

- 我的孩子将走路回家/做兼职工作
- 我的孩子将乘坐公共巴士来回课程
- 我的孩子将乘坐地铁来回课程
- 我的孩子将乘坐火车来回课程
- 我的孩子将会有成人接送来回课程

如学生将由接送，每天学生将会在

联系方式：_________；

与学生的关系：_________；

### 责任协定

- 我确认学生一旦被开除和离开此项目，亚洲艺术倡议再也不要对这学生有任何负责
### 医疗

<table>
<thead>
<tr>
<th>健康顾虑/问题</th>
<th>过敏</th>
</tr>
</thead>
<tbody>
<tr>
<td>急症情况下的医疗和饮食需求</td>
<td>病症</td>
</tr>
<tr>
<td>学生当前服用的药物</td>
<td></td>
</tr>
<tr>
<td>急症情况下的特别说明（如有必要，请另附表格）</td>
<td></td>
</tr>
</tbody>
</table>

### 紧急联系信息

<table>
<thead>
<tr>
<th>紧急联系人 1</th>
<th>电话号码</th>
</tr>
</thead>
<tbody>
<tr>
<td>工作电话号码</td>
<td>手机号码</td>
</tr>
<tr>
<td>电子邮件地址</td>
<td>□ 我经常查收电子邮件</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>紧急联系人 2</th>
<th>电话号码</th>
</tr>
</thead>
<tbody>
<tr>
<td>工作电话号码</td>
<td>手机号码</td>
</tr>
<tr>
<td>电子邮件地址</td>
<td>□ 我经常查收电子邮件</td>
</tr>
</tbody>
</table>

请在“是”或“否”下面以X作为标记，指示允许学生接受下列各项关于医疗和安全的护理。是，无

<table>
<thead>
<tr>
<th>学生可以接受紧急医疗服务。</th>
<th>是</th>
<th>无</th>
</tr>
</thead>
<tbody>
<tr>
<td>部分工作的人可以为学生作轻微的急救程序。</td>
<td></td>
<td></td>
</tr>
<tr>
<td>学生可参加所有步行和旅行的项目。</td>
<td></td>
<td></td>
</tr>
<tr>
<td>学生可以接受其安排的交通设施。</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
为了参与青年艺术工作坊后的项目，要求每位学生提交其体能报告。通过签署下面一行，你明白必须在注册三十天内完成和提交给青年的项目主任。

(家长或监护人签名)

许可

By checking off the boxes in this section, you are consenting and agreeing to each of the statements.

<table>
<thead>
<tr>
<th>我授权我的孩子进行以下行动：</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>参加亚洲艺术倡导项目 (Asian Arts Initiative) 的课后和周末项目</td>
<td></td>
<td></td>
</tr>
<tr>
<td>必要时接受急救/紧急医疗护理</td>
<td></td>
<td></td>
</tr>
<tr>
<td>参加去博物馆、公园等的实地考察旅行</td>
<td></td>
<td></td>
</tr>
<tr>
<td>参加该项目的评价活动</td>
<td></td>
<td></td>
</tr>
<tr>
<td>记录其肖像和/或声音，用于电视、影片、广播、网页或印刷媒体，</td>
<td></td>
<td></td>
</tr>
<tr>
<td>以在相关活动、文章、小册子、海报中和以他们认为合适的其它任何途径，</td>
<td></td>
<td></td>
</tr>
<tr>
<td>推广亚洲艺术倡导项目 (Asian Arts Initiative)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

我特此授权费城学区的官员或我孩子的学校仅向亚洲艺术倡导项目 (Asian Arts Initiative) 发布我孩子的教育记录（限于：标准化测试、毕业和升级信息、年级、学分、考勤信息、学校状态和成绩单副本）。这一同意持续至我/我的孩子不再参加亚洲艺术倡导项目 (Asian Arts Initiative) 主办的活动或直到我以书面形式撤销该同意。

我了解，该信息不会提供给上述以外的任何实体。我了解，我孩子的教育记录中会保有一份记录，表明提供了该信息。我了解，我可以从费城学区或我孩子的学校获得该记录的一份副本，以及提供给亚洲艺术倡导项目 (Asian Arts Initiative) 的任何记录的副本。

我特此开释和完全免除我或我的管理员、执行者、继承人和代理人可能由于任何实地考察旅行或项目活动所致个人身体伤害或持久伤害而具有或获得的对亚洲艺术倡导项目 (Asian Arts Initiative) 的所有索赔、责任、义务、诉讼理由或要求。

<table>
<thead>
<tr>
<th>家长/监护人姓名（正楷）</th>
<th>与学生的关系</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>家长/监护人签名</td>
<td>日期</td>
<td></td>
</tr>
</tbody>
</table>
出席同意協定書

青年藝術工作坊是一個 6 周緊密的課程，如青年能參加全 6 週的全部項目，星期一至星期五，將會獲得項目中全部的好處。請說明是否有任何一天，我們可以預知您的孩子將會缺席。

Dates Absent:

Reasons:

缺席日期:
原因:
Youth Arts Workshop 2019年夏令营奖学金申请表
（优先报名截止日期2019年4月15日，最终报名截止日期6月1日）

Youth Arts Workshop夏令营实施浮动学费制。学生家庭可以主动选择向夏令营捐助的学费金额。

Youth Arts Workshop 学费

我们致力于服务和支持青少年艺术家们进行艺术创作并为他们的生活和社区带来积极正面的影响。我们向学生们提供的机会离不开您的支持。无论学生家庭经济情况如何，我们都欢迎学生来参加我们的夏令营。您需要完成填写Youth Arts Workshop夏令营的全部申请表格并提交所需材料以完成奖学金申请。在2019年4月15日前提交全部奖学金申请材料的学生将在奖学金的基础上额外享受25美金/周的优惠。

Asian Arts Initiative作为非盈利组织，您向我们缴纳的全部学费都被政府视为免税捐款，我们将向你提供捐款收据作为记录证明。感谢您的慷慨捐助。

建议学费捐款金额

a. 家庭年收入低于100%联邦贫穷标准线，全额奖学金，鼓励每周50美金的学费捐款
b. 家庭年收入低于250%联邦贫穷标准线，建议捐款金额每周50-100美金
c. 家庭年收入低于400%联邦贫穷标准线，建议捐款金额每周100-200美金
d. 家庭年收入超过400%联邦贫穷标准线，建议捐款金额每周250-350美金

2019 联邦贫穷标准线(Federal Poverty Level)

<table>
<thead>
<tr>
<th>家庭人数</th>
<th>100%</th>
<th>250%</th>
<th>400%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,140</td>
<td>$30,350</td>
<td>$48,560</td>
</tr>
<tr>
<td>2</td>
<td>$16,460</td>
<td>$41,150</td>
<td>$65,840</td>
</tr>
<tr>
<td>3</td>
<td>$20,780</td>
<td>$51,950</td>
<td>$83,120</td>
</tr>
<tr>
<td>4</td>
<td>$25,100</td>
<td>$62,750</td>
<td>$100,400</td>
</tr>
<tr>
<td>5</td>
<td>$29,420</td>
<td>$73,550</td>
<td>$117,680</td>
</tr>
<tr>
<td>6</td>
<td>$33,470</td>
<td>$83,675</td>
<td>$133,880</td>
</tr>
<tr>
<td>7</td>
<td>$38,070</td>
<td>$95,175</td>
<td>$152,280</td>
</tr>
<tr>
<td>8</td>
<td>$42,380</td>
<td>$105,950</td>
<td>$169,520</td>
</tr>
</tbody>
</table>

*请提供经济条件困难的证明（例如收入证明，政府救济/补贴证明，报税证明，学生在学校接受免费/优惠午餐的证明，避难所的证明或信件等）
全额或部分支付学费捐款同意书

我(家长/监护人姓名)________________________同意支付$________/周学费让(学生姓名)
________________________参加Youth Arts Workshop夏令营。学费将在注册夏令营时全额
付清。如果我需要其它支付计划，我将在2019年6月1日之前联系Jiawen Xiong, Youth/Education
Programs Manager (Jiawen@AsianArtsInitiative.org)。

家长签字: __________________________
日期: __________________________

学费捐款可以通过支票或现金支付:
支票接收人请填写Asian Arts Initiative。

请将所需申请材料邮寄或发送邮件到:
Jiawen Xiong
Youth/ Education Programs Manager
1219 Vine Street, Philadelphia, PA 19107
Jiawen@AsianArtsInitiative.org

全部申请截止日期为2019年6月1日
# Emergency Contact / Parental Consent Form

**Child's Name:**

**Mother's Name/Legal Guardian:**

**Address:**

**Home Telephone Number:**

**Business Name:**

**Address:**

**Business Telephone Number:**

**Father's Name/Legal Guardian:**

**Address:**

**Home Telephone Number:**

**Emergency Contact Person(s):**

1. 

2. 

**Person(s) to Whom Child May Be Released:**

**Name:**

**Address:**

**Telephone Number When Child Is in Care:**

**Name of Child's Physician/Medical Care Provider:**

**Address:**

**Telephone Number:**

**Special Disabilities of Any Kind:**

**Allergies (Including Medication Reaction):**

**Medical or Dietary Information Necessary in an Emergency Situation:**

**Additional Information on Special Needs of Child:**

**Health Insurance Coverage for Child or Medical Assistance Benefits:**

**Parent's Signature is Required for Each Item Below to Indicate Parental Consent:**

- Obtaining Emergency Medical Care
- Admin. of Minor First Aid Procedures
- Walks and Trips
- Transportation by the Facility

**Periodic Review**

**Signature of Parent or Guardian:**

**Date:**

**Signature of Parent or Guardian:**

**Date:**
The City of Philadelphia
Out-of-School Time Project
CONSENT TO RELEASE EDUCATION RECORDS UNDER FERPA

Student Name

Student ID #

The Out-of-School Time Project ("OST") is a Philadelphia effort to improve the well-being of children and youth through effective academic support, enrichment and youth development activities during non-school hours. OST programming provides safe, constructive activities to children when they are not in school, and has been demonstrated to improve in-school performance.

In order to assess and improve the quality of OST programs, The City of Philadelphia Department of Human Services (the "City") asks for permission to collect personally identifiable information from education records regarding children's school performance. The City will collect standardized test scores, report cards and school attendance, disciplinary and other relevant school records ("education records"). The City will use these education records to measure the impact of OST programming on children's school performance and to improve the quality of those programs.

I am the parent or guardian of the student named above ("Student"). As authorized by applicable law, including but not limited to the Family Education Rights and Privacy Act, 20 U.S.C. 1232g, and 34 C.F.R. Part 99 ("FERPA"), I consent and authorize The School District of Philadelphia (the "School District") to release education records concerning the Student, including confidential records of the School District, to the City's Department of Human Services, the Public Health Management Corporation, and my Student's OST program ("Recipients").

The School District releases these education records in connection with the Student's participation in an OST program. The School District may disclose these education records only to the Recipients, and the Recipients may share this information only with other named Recipients, and with the Recipients' officers, staff, administrators and independent contractors under the Recipients' control. The Recipients may use these education records to research, study or evaluate OST programs.

If I ask, the School District will provide me with a copy of the records disclosed.

FERPA and other applicable laws protect the confidentiality of and your right to privacy concerning the Student's education records. The Recipients shall keep all information concerning the Student confidential and private to the fullest extent provided by applicable laws, including FERPA. Neither The School District nor the Recipients require me to waive any rights under these laws, and I give my consent voluntarily.

家长签字
Parent/Guardian Signature (or Student's signature, if Student is 18 years old or an emancipated minor)

日期
Date

孩子年级
Student's Grade

名字
Name of school in which Student is currently enrolled

学生出生日期
Student's Date of Birth

父母姓名

名

姓

电话号码

地址

Name of Student's OST Provider Location

Name of Student's OST Provider Agency
Agency Name

Program Location and Model

**Purpose:**
The City of Philadelphia’s Department of Human Services (DHS) funds over 200 after-school programs through the Out-of-School Time (OST) program. The City has a contract with Public Health Management Corporation (PHMC). PHMC manages the OST program your child attends. When you enroll your child in OST, PHMC will collect information from you to help manage the program. If you agree, we will also ask you and your children questions about OST to make the program better.

**Process:**
When you sign-up for an OST program, PHMC will ask you some questions about your child, such as his name, age and address. You will complete this information on the program’s registration forms. This information will be entered into a database at PHMC. Staff at PHMC and the City will be able to see this information and use it to improve the OST program. OST staff may also visit the program and talk to your child about being at that program. This is a basic part of OST for every child and every after-school site.

To learn more about your experience with OST, PHMC may ask you and your child to complete short surveys. These surveys will be given at the start and at the end of the school year during regular after-school time. The survey will ask questions about what you and your child think about the program.

**Information Privacy and Sharing:**
The information that we collect about your child will not be shared with anyone outside of the OST program. All of the information is stored in a database that is protected by a password. Only approved staff at PHMC or the City can see the information.

We will never share any single child’s answers. We will only share results from the survey for the OST program as a whole.

**Voluntary Surveys:**
You can decide if you want your child to participate in the OST surveys. You can decide not to participate. This will not in any way affect your child’s chance to enroll in the program.

**Questions:**
If you have any questions about this form, you may contact: ost@phmc.org.

PLEASE CHECK ONE OF THE BOXES and SIGN BELOW:

☐ **Agreement to Participate:** I have read and understand this form. I agree to allow my child to answer the surveys.

☐ **Refusal to Participate:** I have read and understand this form. I do NOT give permission for my child to answer the surveys.

---

Child’s Name

Parent/Guardian’s Name

Parent/Guardian’s Signature

Date
MEANS TEST WORKSHEET

I. IDENTIFYING INFORMATION FOR "SERVICES FOR NON-PLACED CHILDREN"

1. CHILD'S NAME (LAST, FIRST, M.I.)
2. GENDER: ☐ MALE ☐ FEMALE
3. CHILD'S DATE OF BIRTH
4. CHILD'S MCI NUMBER
5. CHILD'S SSN NUMBER
6. PERSON WITH WHOM THE CHILD IS LIVING
7. RELATIONSHIP TO CHILD
8. SSN OF PERSON WITH WHOM CHILD IS LIVING

II. MEANS TEST FOR "SERVICES FOR NON-PLACED CHILDREN"

1. Is the child/family receiving ☐ TANF (Cash Assistance) ☐ SSI ☐ FOOD STAMPS ☐ MEDICAID ☐ NONE If yes, provide Case #
   If services are being received, proceed to question 4. If response is "NONE", proceed to question 2.

2. Is the child a U.S. Citizen or qualified alien? ☐ YES ☐ NO
   If yes, indicate documentation source: ☐ Birth Certificate ☐ INS ☐ CIS or ☐ Self-Declaration

3. In order to be eligible for "services for non-placed children", a child/family's gross income may not exceed 400 percent of the Federal Poverty Guidelines (FPG) for the family unit size. Using the table below, provide a "YES" or "NO" in Column 4 in the corresponding row for the family size as to whether the child/family's income is less than the annual or monthly amount for the family size. (Family unit includes biological, adoptive or step-parents, specified relatives, or non-relative court designated legal custodians and full, half, and/or adopted siblings living in the home under the age of 18 plus the TANF child). This is a self-declared means test. No verification except the response of the family is required.

Table: 400 Percent of Federal Poverty Guidelines

<table>
<thead>
<tr>
<th>Family Unit Size</th>
<th>400% of FPG (gross) (Annually)</th>
<th>400% of FPG (gross) (Monthly)</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than $48,560</td>
<td>Less than $4,047</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Less than $65,840</td>
<td>Less than $5,487</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Less than $83,120</td>
<td>Less than $6,927</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Less than $100,400</td>
<td>Less than $8,367</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Less than $117,680</td>
<td>Less than $9,807</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Less than $134,960</td>
<td>Less than $11,247</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Less than $152,240</td>
<td>Less than $12,687</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Less than $169,520</td>
<td>Less than $14,127</td>
<td></td>
</tr>
</tbody>
</table>

Note: For family units of more than 8 members, add $17,280 annually (Column 2) and $1,440 monthly (Column 3) for each additional member and place the correct figures in the blank row at the bottom of the Table.

4. Is the child under 18 years of age? ☐ YES ☐ NO

5. Is the child living in the home of a parent, other adult specified relative or a court designated legal custodian? ☐ YES ☐ NO

6. Is the child/family receiving one of the benefits in question 1 and 4 & 5 are "YES" or answers to 2, 3, 4 and 5 are ALL "YES"?
   ☐ YES ☐ NO

If "YES" to 6, the child is eligible for TANF funding for services for non-placed children.

Means Test Administered for: Month: ____________ Year: ____________

7. Name of staff person administering this means test (Please Print): __________________________________________

8. Date this form was completed: ____________