

Date Entered: \_\_\_\_\_



### STUDENT ENROLLMENT FORM

New Urban Arts is a space that is free of cliques, turf, and discrimination. The questions on this form help us create safe space in a purposeful way. We collect this information so we can fully understand the diverse needs and backgrounds of our students. If you don't feel comfortable answering a question, please don't answer it.

ABOUT YOU

NAME \_\_\_\_\_ Today's Date: \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ CELL PHONE | HOME PHONE \_\_\_\_\_

PRIMARY ADDRESS (street, city, state, zip) \_\_\_\_\_

EMAIL \_\_\_\_\_ BIRTH DATE: / /

GENDER FEMALE | MALE | NON-BINARY | AND/OR \_\_\_\_\_

SEXUAL ORIENTATION HETEROSEXUAL | GAY/LESBIAN | BISEXUAL | QUESTIONING AND/OR \_\_\_\_\_

PRONOUNS SHE/HER/HERS | HE/HIM/HIS | THEY/THEM/THEIRS AND/OR \_\_\_\_\_

ETHNICITY AFRICAN | AFRICAN AMERICAN | ASIAN | ASIAN AMERICAN CAPE VERDEAN | CARIBBEAN | CAUCASIAN | LATINO NATIVE AMERICAN | PORTUGUESE | MULTI-RACIAL AND/OR \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER HEALTH CONDITIONS: \_\_\_\_\_

PLEASE circle all answers which apply to you.

YOUR SCHOOL \_\_\_\_\_ STUDENT ID \_\_\_\_\_

GRADUATION YEAR: \_\_\_\_\_

Circle One DO YOU RECEIVE... FREE OR REDUCED OR PAID LUNCH?

DO YOU HAVE AN IEP? YES | NO

PARENT / GUARDIAN'S LEGAL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PRIMARY ADDRESS: \_\_\_\_\_ PREFERRED LANGUAGE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ MOBILE | HOME | WORK

SECONDARY PHONE: \_\_\_\_\_ MOBILE | HOME | WORK

.....

Parent / Guardian's Legal Name: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PRIMARY ADDRESS: \_\_\_\_\_ PREFERRED LANGUAGE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ MOBILE | HOME | WORK

SECONDARY PHONE: \_\_\_\_\_ MOBILE | HOME | WORK

**HOW DID YOU HEAR ABOUT NUA?** FRIEND | TEACHER | PARENT | FLYER | WALKING BY | ONLINE  
AND / OR \_\_\_\_\_

**WHAT ARE YOUR PLANS AFTER HIGH SCHOOL?** COLLEGE | AMERICORPS | MILITARY | FIND A JOB  
APPRENTICESHIP / INTERNSHIPS | TRAVEL | I DON'T KNOW | OTHER \_\_\_\_\_

**DO YOU WANT MORE INFORMATION ON OPTIONS FOR AFTER HIGH SCHOOL?** YES | NO

**PROGRAM GOALS**

*These are the six core goals of our program at NUA. Choose the ones that are **most** important to you.*

- improve as an artist
- develop a better idea about what I want to do in the future
- develop a way of expressing who I am
- build strong, trusting relationships with my peers & mentors
- develop more confidence
- become more open to trying new things

**New Urban Arts Studio Agreement**

New Urban Arts is a safe studio home for all people. By enrolling in this program I agree to challenge myself to meet new people, try new things, and treat others with kindness. I understand that state law mandates that New Urban Arts staff and volunteers report suspected abuse/neglect of children under the age of 18 to appropriate authorities. New Urban Arts is a drug, smoke, and weapon-free facility. I understand that the following activities are prohibited and may result in disciplinary action, including contacting my parents: possession of a weapon within the facility; drug use, sale, preparation, or purchase within or within sight of the facility. At New Urban Arts we take care of ourselves, we take care of each other and we take care of the studio.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# NEW URBAN ARTS

If you have any questions about this form, please contact us:  
705 Westminster Street / Providence, RI 02903  
ph: 401.751.4556  
www.newurbanarts.org

## AUTHORIZED EMERGENCY CONTACTS

Full Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

---

Full Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

## STUDENT GRADE & TEST SCORE RELEASE

I acknowledge that New Urban Arts receives grant funding from a number of local and federal sources, such as the Rhode Island Department of Education 21st Century Community Learning Center Program and the United Way of Rhode Island. I acknowledge that, in order to comply with these funding sources, New Urban Arts must access students' academic information and correlate it with their attendance in New Urban Arts programs. I acknowledge that this information is then anonymized and aggregated before being reported to funders. Thus, my child's grades and test scores will remain confidential at New Urban Arts.

By consenting, I give New Urban Arts permission to use this information to comply with its funders, secure future funding for its programs, communicate with the public about its work, and engage in advocacy promoting positive youth development programs. At the same time, I acknowledge that my child's individual academic information will never be released or shared by New Urban Arts.

- Yes, I give permission to the Providence School Department to release my child's grades and test scores for this school year to New Urban Arts.

## MEDIA RELEASE

I give New Urban Arts permission to use in media and publications my child's name, photograph, portrait, video, or any likeness, as well as their artwork for New Urban Arts promotional purposes. I grant the organization any and all rights to said use without compensation. Choose One:

- Yes, I give permission
- I give permission with the following conditions: \_\_\_\_\_
- No, I do not give permission

VIRTUAL PROGRAMS

In the event that in-person programs are not allowable, I give permission for New Urban Arts to connect with my student through virtual platforms.

NUA E-NEWS

Yes, I would like to receive monthly email updates from New Urban Arts.

\_\_\_\_\_  
Parent / Guardian Email Address

TRANSPORTATION & MEDICAL RELEASE

By signing this form, I acknowledge that my student is enrolling at New Urban Arts. I understand that New Urban Arts operates as a drop-in art studio for high school students. New Urban Arts' dismissal policy is to allow students to leave when they need to leave. I acknowledge that, if my student requests it, New Urban Arts will provide them a RIPTIK, as long as they have completed and returned their enrollment form. I acknowledge that my student has the agency to go to and from New Urban Arts. If I would prefer a different approach to my child's transportation, I will contact New Urban Arts with specific instructions.

I acknowledge and understand that, in the event of a medical emergency concerning a student, New Urban Arts' standard response is to call 911 and then call the students' parent/guardian. I give permission for New Urban Arts to share Information on this form and/or my students' enrollment form with 911 personnel.

*New Urban Art's mission is to empower young people as artists and leaders. To this end, the studio is a democratic youth-led space, and our student Studio Team Advisory Board is active in all decision-making processes. Parents are engaged in ways that consider the developmental needs of teenagers. We:*

- *Invite parents to be audiences at our exhibits, performances, and events.*
- *Inform parents of student participation in the studio through permission slips.*
- *Require parental approval to be enrolled in our programs.*

SIGNATURE

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date



2024-2025

### SUPPLEMENTAL DEMOGRAPHIC INFORMATION

In order to comply with the requirements of our Community Development Block Grant funding, New Urban Arts has been asked to collect additional information on student demographics. Please answer these questions even if it seems like you already answered similar questions.

RACE / ETHNICITY

YOUR NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

RACE WHITE | BLACK / AFRICAN AMERICAN | ASIAN / ASIAN AMERICAN | NATIVE AMERICAN / ALASKAN NATIVE | NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER | NATIVE AMERICAN / ALASKAN NATIVE & WHITE | BLACK / AFRICAN AMERICAN & WHITE | ASIAN & WHITE | NATIVE AMERICAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN | MULTIRACIAL IN A WAY NOT DESCRIBED BY THE OPTIONS ABOVE | AND/OR \_\_\_\_\_

ETHNICITY LATINX / HISPANIC | NON-LATINX / NON-HISPANIC

FAMILY / HOUSEHOLD / INCOME

IS THE HEAD OF YOUR HOUSEHOLD:  Female -OR-  Male ?

#### FAMILY SIZE / HOUSEHOLD INCOME LEVEL

*-INSTRUCTIONS-*

*FIRST, CIRCLE THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD/FAMILY:*

1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
<i>THEN MOVE DOWN THAT COLUMN AND SELECT THE INCOME RANGE THAT BEST MATCHES YOUR HOUSEHOLD/FAMILY INCOME:</i>							
\$0-\$23,600	\$0 - \$27,000	\$0 - \$30,350	\$0 - \$33,700	\$0 - \$36,580	\$0 - \$41,960	\$0 - \$47,340	\$0 - \$52,720
\$23,601 - \$39,350	\$27,001 - \$45,000	\$30,351 - \$50,600	\$33,701 - \$56,200	\$36,581 - \$60,700	\$41,961 - \$65,200	\$47,341 - \$69,700	\$52,721 - \$74,200
\$39,351 - \$62,950	\$45,001 - \$71,950	\$50,601 - \$80,950	\$56,201 - \$89,900	\$60,701 - \$97,100	\$65,201 - \$104,300	\$69,701 - \$111,500	\$74,201 - \$118,700
\$62,951 or more	\$71,951 or more	\$80,951 or more	\$89,901 or more	97,101 or more	\$104,301 or more	\$111,501 or more	\$118,701 or more

*ANSWER TO THE BEST OF YOUR ABILITY!*

*Note: family size includes any persons that live in your residence that are related by blood, adoption, or marriage.*

C-19

ARE YOU HERE BECAUSE YOU HAVE BEEN IMPACTED BY COVID-19:  Yes -OR-  No ?