



510 South First Street, San Jose CA 95113  
[www.maclarte.org](http://www.maclarte.org) 408.998.ARTE

### Digital Media & Culture Studio at MACLA

Dear Parents and Applicant:

Thank you for your interest in the Digital Media & Culture Studio at MACLA (DMC Studio)! Please fill out this application form, and return it to DMC Studio on or before your first day of class.

Applicant's name (Last) \_\_\_\_\_, (First) \_\_\_\_\_

Gender: M    F    Age: \_\_\_\_\_    DOB: \_\_\_\_\_

School \_\_\_\_\_    Grade Level \_\_\_\_\_

Parent/Guardian Name (Last) \_\_\_\_\_, (First) \_\_\_\_\_

Parent/Guardian Name (Last) \_\_\_\_\_, (First) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

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

Email: Parent/Guardian \_\_\_\_\_    Student \_\_\_\_\_

Email: Parent/Guardian \_\_\_\_\_    Student \_\_\_\_\_

Emergency Contacts: Please list in order of preference individuals we may contact in the event of an emergency.

Name \_\_\_\_\_    Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_    Telephone # \_\_\_\_\_

Name \_\_\_\_\_    Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_    Telephone # \_\_\_\_\_

Language(s) spoken by student participant \_\_\_\_\_

Language(s) spoken by parent / guardian \_\_\_\_\_

Student participant ethnicity(s) \_\_\_\_\_

By signing this form, you accept the DMC Studio at MACLA policies and procedures.

Parent Signature \_\_\_\_\_    Date \_\_\_\_\_

## Standards of Behavior Form (for student)

The Standards of Behavior form must be signed by **all DMC Studio participants** prior to participating in the program. These standards will be applied across the board for all youth. As a youth participating in DMC Studio, I agree and understand the following:

1. I am here to celebrate the power of the youth voice, and as such, will do my utmost to represent the positive spirit of MACLA's Youth Program, and will act responsibly throughout my stay.
2. There will be no drinking of alcohol or use of illegal drugs at any time. There will be no illegal behavior of any kind during my participation in the program. Failure to comply with this will result in being immediately excused from the program. I will discourage others from engaging in this activity as well.
3. No guests not affiliated with the program will be allowed during the workshops at any time without proper notification to the coordinator of the program and the workshop instructor.
4. There will be no violence allowed at any time. Failure to comply with this will result in being immediately excused from the program.
5. As a participant, I am responsible to attend and be present at all assigned activities. I will be available at all times during the program.
6. I understand that sexual activity or sexual innuendos directed to any other participant or adult instructor is completely prohibited. Failure to comply with this will result in being immediately excused from the program.
7. I agree to be speak and act respectfully towards everyone at MACLA.
8. Cigarette smoking is not permitted within the premises of MACLA.
9. Any concern or suggestion about the program or the participants in the program will be properly addressed in a timely manner to the coordinator of the program.

MACLA is a safe and gang free environment. No gang affiliated activity, bullying, teasing, or peer pressure is tolerated.

By Signing below, I agree to these understandings.

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Name (Student)

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Signature (student)

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Date

## Digital Media & Culture (DMC) Studio PROGRAM POLICIES

### Admission

Each student must be enrolled in the program by a parent's or legal guardian's approval. Admission is on or before the first day of a session (see dates).

### Attendance

Daily attendance will be taken during the classes and activities. All students are to attend all classes regularly and promptly for which they are scheduled. If a student misses a class, parent will be informed immediately. If it is necessary for a student to be absent from the after-school program for any reason, the parent or legal guardian should call the program's office (408-998-2783 X24). If the program office has not received a phone call, the participant must bring a written statement from parents or guardian to the program's office upon returning to the DMC Studio. After three unexcused absences, the student will be dropped from the program and his or her spot will be given to the next person on the waiting list. No exceptions. No excuses.

### Discipline Policy

The purpose of the discipline policy is to facilitate a positive program climate where each student feels safe and secure; where faculty and staff agree on general principles of discipline within a framework of progressive discipline; where parents are kept informed of their child's behavior and are encouraged to support the program's decisions; and where all students are provided with opportunities to grow in personal and social development and, if they are involved in a discipline concern, are given due process.

Rules and regulations outlined in standards and behavior form will be applied during all youth activities and all students enrolled are expected to obey them. If a student fails to do so for the first time, the parent will be informed and the student will get a warning. If the office receives another discipline referral from the same student, then a parent conference will be held and the student will be suspended from the program for one week. If the third discipline action happens, student will be expelled from the DMC Studio program and he or she may not enroll for the existing academic year or following summer.

### Pick Up Policy

Your child will be supervised inside the DMC Studio from 3:00PM-7:00 PM. For more information, please contact us at 408-998-2783 X24.

### Medication Policy

A parent or guardian will be called to pick up a child who is sick or injured. Medicine will not be administered without written permission from the parent or legal guardian

## DMC Studio Organization

We are committed to providing the best experience possible at the DMC Studio at MACLA. In order to do so, we need to survey past and present participants in the program. Please provide an email, phone number, webpage, Facebook/social networking profile URL (example [www.facebook.com/johnsmith](http://www.facebook.com/johnsmith)) or any form of contact that would be the best way of reaching the student in the future after they have left the academy:

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I have read and understood the DMC Studio at MACLA Policies.

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

Student's Signature: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

### Program Fee: FREE

DMC Studio at MACLA is completely free to participate.

### Photo and Media Waiver policy

The DMC Studio at MACLA is a free after-school program, funded by MACLA and its partners. Documentation of the program, included participants and their work ensures that the program will continue to be funded. Please read the photo waiver form for more details.

## Photo, Video and Content Waiver Form

I understand that my dependent's, photograph, picture, voice or likeness (collectively "image") and content produced using the Digital Media & Culture Studio at MACLA, including sound recordings, narrative videos and any work made at the facility may be used for all promotional purposes by **MACLA / Movimiento de Arte y Cultura Latino Americana** and their successors and assigns, sponsors, beneficiaries, designee's licensees, affiliates, and employees (collectively "grantees"). Additionally, student artists must credit MACLA's Digital Media & Culture Studio at MACLA. The student artist(s) shall remain the full legal owners of work produced at the Digital Media & Culture Studio at MACLA. I hereby grant to the grantees the right to (i) use my dependent's image and content produced in promotional materials or for any other legitimate purpose, (ii) create composite or computer-manipulated materials from my image and content, (iii) use, reproduce, publish, exhibit, distribute, and transmit my image and content in any media, including but not limited to print material, television, film, internet, DVD, and CD-ROM, (iv) assign the above rights to third parties. I waive the right to inspect or approve my dependent's image and or materials that incorporate my dependent's image and content produced at Digital Media & Culture Studio at MACLA. I understand that I will receive no compensation in connection with the use of my dependent's image. I release the grantees from any liability, damages, or claims resulting from the use of my dependent's image and content, including claims for libel or invasion of privacy. I understand and agree that the terms of this paragraph are binding on my heirs, assigns, and legal representatives.

**I have carefully read this Waiver of Liability and Agreement and fully understand its contents. I am aware that by signing this Waiver and Release of Liability, I am waiving legal rights and knowing this, I sign it of my own free will.**

ADULT/PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(PRINT NAME) \_\_\_\_\_

YOUTH/DEPENDENT'S NAME \_\_\_\_\_

(Parent or guardian signature is required if the participant is under 18)

# MACLA APPLICANT SURVEY

How did you hear about Digital Media & Culture (DMC) Studio at MACLA? Check one:

- |  |  |
|--|--|
| <input type="checkbox"/> Family/ Friend referral | <input type="checkbox"/> Poster/Flyer          |
| <input type="checkbox"/> School Announcement     | <input type="checkbox"/> Social Media          |
| <input type="checkbox"/> Former Student          | <input type="checkbox"/> Attended a past event |
| <input type="checkbox"/> Social Worker           | <input type="checkbox"/> Volunteer/Employee    |
| <input type="checkbox"/> Counselor               | <input type="checkbox"/> Community Event       |

What are your interest, hobbies, and activities outside of school? What activities, clubs, or sports do you participate or are involved with?

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Are you planning on attending a four-year university, community college, or trade school? Would you like information about applying to scholarships, grants and other programs?

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Do you volunteer? If so, where?

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Do you have a job? If yes, where?

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What do you hope to learn at the Digital Media & Culture (DMC) Studio?

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Please share other comments -

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## Sign-In/Out Waiver

**YOUTH SELF SIGN-IN:** Youth Members with this signed waiver on file will not be expected at camp if they do not arrive and sign themselves in on the DMC's daily roster. Youth Members must sign-in upon arrival at the DMC Studio. Youth Members will be assumed absent if they have not signed themselves in. Calls will not be made home to confirm any absences.

**YOUTH SELF SIGN-OUT:** Youth Members that do not have a sign-in/out waiver on file will not be allowed to leave the DMC Studio unattended. Youth Members without this waiver who are not signed out by an authorized adult will be brought back to the DMC Studio. Youth Members will be brought back to the DMC Studio for authorized pick-up.

Name: \_\_\_\_\_

COURSE(S) ATTENDING: \_\_\_\_\_

I hereby give my permission to allow the above named Youth Member to sign themselves IN or OUT of the DMC Studio and walk home unsupervised from the DMC Studio.

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name      Date

**SPECIAL NEEDS SUBSIDY FORM**

**INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child Care Facility: \_\_\_\_\_

**REFERRING PROFESSIONAL**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Parent(s)/Guardian(s)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**IDENTIFICATION OF SPECIAL NEEDS OF CHILD**

Medical/physical disabilities: \_\_\_\_\_ Date of diagnosis/last assessment: \_\_\_\_\_

Developmental delays: \_\_\_\_\_ Date of diagnosis/last assessment: \_\_\_\_\_

Behavioral concerns: \_\_\_\_\_

Social Concerns (i.e., family dynamics etc.): \_\_\_\_\_

Additional Concerns: \_\_\_\_\_

**Please collaborate on this form by including the family, the child care IDENTIFYING facility and any professionals working with the child and/or family. Please ensure that the signatures of the parent/guardian and the facility director/provider are included.**