



**Community Arts Experience, Inc. Worldwide**  
*“Empowering Communities for the Future”*

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**20\_\_ / 20\_\_**  
**Enrollment/Registration Packet**

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**C.A.E. OF PENNSYLVANIA (CORPORATE OFFICE)**

927 Lee Ave., Lower Level, Farrell, Pennsylvania 16121  
Corporate Office: (234) 348.1225 • Local Office: (724) 243.2525  
info@CAEWW.com

**C.A.E. OF PA SATELLITE – FARRELL**

Chavers Community Center  
211 Federal St., Lower Level, Farrell PA 16121  
Main Office: (724) 243.2525  
caeofpa@CAEWW.com

**C.A.E. of NE OHIO BRANCH**

50 Pearl Street SE, Massillon Ohio 44646  
Main Office: (234) 348.1223  
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**WEBSITE:** [www.CAEWW.com](http://www.CAEWW.com)

**FACEBOOK:** [www.facebook.com/CAEworldwide](http://www.facebook.com/CAEworldwide)

**INSTAGRAM:** [www.instagram.com/CAEworldwide](http://www.instagram.com/CAEworldwide)

**TWITTER:** [www.twitter.com/CAEworldwide](http://www.twitter.com/CAEworldwide)

**YOUTUBE:** [www.youtube.com/communityartsexperience](http://www.youtube.com/communityartsexperience)

C.A.E. LOCATION SITE: \_\_\_\_\_

# Community Arts Experience, Inc.

## PROGRAM POLICIES

### Enrollment:

- A completed *Student Enrollment Form* and signed *Parent or Guardian Blanket Release Form* must be returned to your instructor by the **first day of class**.
- Enrollment is limited in some of our programs so there may be a waiting list.
- Students and parents will be contacted by C.A.E. to inform you if there is an available spot for your child in the program if on the waiting list.
- Students are required to participate in programs a minimum of two days a week.
- A one-time \$ N/A enrollment fee is to be paid before class begins. No additional fees will be charged for any \*eligible participant; unless specified otherwise (program/project additional activity supply expenses, field trips, etc.). Scholarships are made available on a first come first serve basis.
- Participants will not be discriminated against based on income, race, ethnicity, or disability.

### C.A.E. Family Involvement Mandate:

It is important for C.A.E. to provide your child with the best learning experience possible. Our desire is for you to understand our unique programming and welcome you to play a vital part in supporting our common goal of empowering this generation of youth. C.A.E.'s family involvement component develops strong partnerships and enhances communication between parents/families and staff; encourages and supports center staff to reach out to families for support, and create ways for families and instructors to meet face-to-face to establish an action plan of success for your child. **\*Please note, for students to maintain program eligibility and ensure success, parents are to join C.A.E.'s Mentor's Coalition (C.A.E. MC's).** See [Mentor's Coalition / Family Engagement Form](#).

### Attend all Classes You Sign Up For:

- All programs are not drop-in programs.
- All students must attend all the sessions that they are signed up for.
- If you must leave early or if you do not attend the sessions, you will need written permission from a parent or guardian and you must give the class instructor a note BEFORE the session you will miss. If three un-excused sessions are missed within eight weeks, the student will automatically be dropped from the program.

### Follow Program Rules Policies:

- **Participants are expected to show and display respect and cooperation** with all program staff, instructors, volunteers, and other students at all times.
- **Arrive on-Time:** All students are expected to arrive on time. You will need a written note from a parent, guardian, or teacher if you are late to session.
- **Sign-In / Sign-Out and Announcements:** All students and parents are required to sign-in, sign-out, and be present for announcements.
- **Stay on site grounds:** Students are not permitted to leave site grounds before or during the sessions without prior notice from guardian.
- **Remain in Class:** If you wish to leave the classroom, you must ask for permission and you will be given a pass.
- **Leave cell phones, CD players, video games, and other electronics at home:** Personal electronics are not permitted in the program. **If confiscated, the items will not be returned until after the session.**

**Dismissal:**

- Participants are required to stay until the end of the session.
- If a student has a special circumstance and needs to leave early, a student must bring a note from home and/or receive permission from the class instructor. If your child must be released early regularly, you must fill out an *Early Release Form* and return it to the class instructor.
- Participants picked up early by a parent or guardian must sign their child out with a C.A.E. staff member before leaving session.
- For safety reasons, students may not be picked up from the session by anyone that is not listed on the *Student Enrollment Form*.

**Medication:**

- Over-the-counter allergy and pain relief medications can be administered to a student by C.A.E. staff members or volunteers only if needed. See Medical Form for a list of OTC medications.
- If a student experiences a minor cut, the staff will wash out the wound with soap and water and apply antibacterial medication and a Band-Aid.
- If medication is needed, it must be registered with C.A.E. and also with the class instructor with special instructions for administration. The student will be responsible for self-medicating.

**Parents and Guardians:**

- Please keep us updated with your current mailing address and phone numbers at all times so that we may contact you as needed.
- We encourage parents and guardians to have an opportunity to talk with the C.A.E. staff. Please contact the lead instructor and set up an appointment at any time.
- Parents and guardians with grievances shall be referred to the Grievance Department by calling (234) 348.1223 or via email at [grievance@CAEWW.com](mailto:grievance@CAEWW.com).

**Consequences:**

- C.A.E. has a discipline policy that gives positive guidance, allows for redirection and sets clear behavior limits. The discipline policy has been designed to assist participants and staff in developing self-control, self-respect, respect for others, and consideration for the rights and property of others.
- Students that do not follow the above-listed requirements and policies may receive a phone call home, suspension from the session, or they may be dropped from the program completely.
- Chronic lateness or absences from the sessions will result in the student being dropped from the program.

**Participant Termination Policy:**

- Participants will forfeit their space in the program for any of the following reasons:
  - Regular and excessive absences or lateness
  - Behavior that threatens the physical or emotional safety of others
  - The expressed written request of a parent or guardian

## STUDENT ENROLLMENT FORM

Students, parents, and caregivers, please fill out the following information and return this form to the Instructor. This form is required for participation in the C.A.E. program.

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

Gender: Female  / Male  Birth date: \_\_\_\_\_ Current Age \_\_\_\_\_

Ethnicity (Circle all that apply): Alaskan | American Indian | Asian | Black/African American | Cuban | Hispanic | Mexican | Puerto Rican | White/Caucasian

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Student Social Media Name (Facebook & Instagram) \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Is your child on an Individualized Educational Plan (IEP)? Yes  No

**Financial Information:** (I declare that the financial information made in this application is subject to investigation and that any false or dishonest answer may be grounds for denial of enrollment) (Parent/Guardian Initials) \_\_\_\_\_

Total number of members residing within the home \_\_\_\_\_ Net Monthly Income (\$) \_\_\_\_\_

**Emergency Contact:**

Does your child have health insurance? Yes  No

***In case of emergency and the parent or caregiver cannot be reached, please notify:***

Name \_\_\_\_\_ Relationship to family \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ / AM \_\_\_\_\_ / PM \_\_\_\_\_

Name \_\_\_\_\_ Relationship to family \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ / AM \_\_\_\_\_ / PM \_\_\_\_\_

***Please list any current medications, medical conditions, recent injuries, and food or drug allergies:***

**Dismissal/Sign Out:**

1) My child may be picked up by the following adults (list all names): \_\_\_\_\_

2) My child is allowed to leave the site without an adult to travel home (circle one): Yes  No  N/A

*If your child is 18 years of age, they may leave the session without an adult.*

## MEDICAL BACKGROUND AND HISTORY FORM

All information contained will be kept confidential in accordance with The Health Insurance Portability and Accountability Act (HIPAA) of 1996

### PLEASE TYPE OR PRINT LEGIBLY.

A copy of this form will be sent to the hospital in the event of an emergency.

Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Home Address \_\_\_\_\_  
(Street Address) (City, State, Zip)

Workshop/Camp(s) Attending \_\_\_\_\_

CONTACT INFORMATION: Home Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

RELATIONSHIP	NAME	WORK PHONE	CELL PHONE

**MEDICAL RELEASE:** In the event of an emergency, Community Arts Experience has my permission to contact the local emergency ambulance service, who will proceed as necessary. In case of serious injury or illness, my child can be transported to the nearest Emergency Room where they may proceed with treatment including but not limited to medications, injections, anesthesia, and surgery.

I **Authorize** (Parent/Guardian Initials) \_\_\_\_\_ I **DO NOT Authorize** (Parent/Guardian Initials) \_\_\_\_\_

Printed Name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

### HEALTH HISTORY:

Date of last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_ Check if Current (within ten years.) Yes  No

**Physical Limitations:** Does your child have any physical limitations which might present a special problem, such as any health factor which may require them to follow a limited program of activities?

NO  YES (please list) \_\_\_\_\_

Please list any conditions such as recent surgery, reoccurring or infrequent occurrences of asthma, mild allergies, hay fever, emotional problems, ADHD, etc.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any serious illness? (I.e. severe asthma, heart disease, diabetes, depression)?

NO  YES (please list) \_\_\_\_\_

\_\_\_\_\_

Medical Form for: \_\_\_\_\_

Workshop/Camp: \_\_\_\_\_

Does your child have any serious or life threatening allergies, including food allergies, (i.e. bee stings, peanuts, dairy, allergies to medications)?

NO  YES (please list) \_\_\_\_\_

Please list all prescription medications your child will be taking while at camp. **NOTE:** All prescription medications must be in prescription bottles from the pharmacy, appropriately labeled with the Physician’s name, the drug name, dosage, and times to be taken. **NO EXCEPTIONS.**

PRESCRIPTION MEDICATION	DOSAGE

Please list all **over the counter (OTC)** medications your child will be taking while at camp. **NOTE:** All OTC medications must be in their original packaging, with your child’s name on the bottle. Please do not send medications in alternate packaging.

OTC MEDICATION	DOSAGE

**All medications, except for asthma inhalers, will be turned in to our mentors upon check-in. They will keep and distribute all medications to your child as needed.**

We keep a supply of the items listed below on hand. Please circle any items below that we have permission to administer to your child as needed.

ADVIL	YES <input type="checkbox"/> NO <input type="checkbox"/>	ASPIRIN	YES <input type="checkbox"/> NO <input type="checkbox"/>
BEE STING SWABS	YES <input type="checkbox"/> NO <input type="checkbox"/>	BENADRYL	YES <input type="checkbox"/> NO <input type="checkbox"/>
CALAMINE LOTION	YES <input type="checkbox"/> NO <input type="checkbox"/>	MOTRIN	YES <input type="checkbox"/> NO <input type="checkbox"/>
TRIPLE ANTIBIOTIC OINTMENT	YES <input type="checkbox"/> NO <input type="checkbox"/>	TYLENOL	YES <input type="checkbox"/> NO <input type="checkbox"/>

This health history is correct to the best of my knowledge, and the student named above has permission to engage in all activities unless otherwise noted. My child and I have reviewed all regulations pertaining to Community Arts Experience Programs, and we understand that failure to abide by these regulations will result in immediate dismissal from the program, at the expense of the parent or guardian, without refund if applicable.

\_\_\_\_\_  
Parent/ Legal Guardian Printed Name

\_\_\_\_\_  
Parent/ Legal Guardian Signature  
Or Participant if 18 years

\_\_\_\_\_  
Date

**PARENT OR GUARDIAN BLANKET RELEASE**

Students, parents and legal guardians, please read carefully, sign, and return this form to the Lead Instructor. A parent or legal guardian signature on this form is required to participate in C.A.E. programming.

**FOR EMERGENCY TREATMENT**

I authorize C.A.E. to arrange for transportation in case of an accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for the treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment are given to C.A.E. in conjunction with any authorized event.

***I Authorize*** (Parent/Guardian Initials) \_\_\_\_\_ ***I DO NOT Authorize*** (Parent/Guardian Initials) \_\_\_\_\_

**GENERAL RELEASE OF LIABILITY**

In consideration of being allowed participant privileges in any program of C.A.E., I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless C.A.E., their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of C.A.E., partners, directors, officers, employees, agents, and volunteers is binding on me and not my heirs, personal representatives, successors, and assigns.

***I Agree*** (Parent/Guardian Initials) \_\_\_\_\_

**COMMUNITY FIELD TRIPS**

C.A.E. will take short field trips on occasion within the community. C.A.E. will always return by normal dismissal time unless we notify you in advance. I permit my child to leave the site property with supervision from C.A.E. staff and volunteers. While taking part in these community field trips I release C.A.E., partners, directors, officers, employees, agents, and volunteers from responsibility for any risk of bodily injury, death, or property damage as covered in the "General Release of Liability."

***I Give Permission*** (Parent/Guardian Initials) \_\_\_\_\_

**MEDIA RELEASE**

I hereby consent to the use of \_\_\_\_\_/child's name, likeness, and speech in any audiotape, videotape, internet, film or photograph made in any C.A.E. program activity for the business or publicity purposes of the C.A.E. program and its partners. I understand that any participation offers no remuneration and that my child's name, likeness, and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad.

I expressly release C.A.E., its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of the broadcast, exhibition, publication, or promotion of this program.

***I Consent:*** (Parent/Guardian Initials) \_\_\_\_\_ ***I DO NOT Consent:*** (Parent/Guardian Initials) \_\_\_\_\_

\_\_\_\_\_  
Parent/ Legal Guardian Printed Name

\_\_\_\_\_  
Parent/ Legal Guardian Signature  
Or Participant if 18 years

\_\_\_\_\_  
Date

# Expected Behavior Contract

## Community Arts Experience, Inc. (C.A.E.)

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### Our Goals:

We will succeed if we create an environment where everyone gets to be who they are. To do this we will need to maintain certain boundaries so that fun times are fun for everyone and more serious times are shared by everyone.

### Our Expectations:

#### ***Be responsible...***

- Be on time. If you are going to be late for any reason, let a leader know beforehand.
- Clean up after yourself before going home.
- Everyone present at C.A.E. is expected to participate in planned activities.

#### ***Be respectful...***

- Always treat fellow classmates, visitors, leaders, and any guest speakers and instructors with dignity and respect.
- All viewpoints are to be listened to carefully and responded to in a courteous fashion. At no time should offensive comments be made about anyone or her/his opinions.
- Do not physically or verbally abuse others. This means that under no circumstances should you bully, hit, gossip about, throw something at, or make fun of another person.
- Taking another youth or leader's property is unacceptable unless express permission has been given to you by the owner of the object (i.e. cell phones, iPods, etc.)
- All cell phones/iPods/electronic devices should be turned off and placed in the hold basket during all activities unless otherwise stated. Phones will be returned 15 minutes before the end of class.

#### ***Be safe...***

- At no time should a C.A.E. member wander off or leave the premises without adult supervision or prior permission.
- Alcohol, drugs, tobacco, weapons, or fireworks are never allowed at C.A.E. workshops or events.

By signing this document you agree to abide by the above expectations and understand that failing to abide by said expectations can and will result in consequences as outlined on the reverse of this document. Students who choose not to sign this document will not be permitted to attend any off-site C.A.E. activity and will still be subject to the consequences for misbehavior at regular C.A.E. workshops and/or activities.

**Student Signature:** \_\_\_\_\_

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

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

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



# Consequences for Misbehavior

## Community Arts Experience, Inc. (C.A.E.)

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The consequences for misbehavior outlined below aim to exemplify grace and forgiveness. It is our goal that any student who receives any offense learns from it and returns to C.A.E. with a clean slate. We desire to have all students participating in all activities and will not hold prior offenses against students who have already completed the consequences for such (assuming that a pattern does not emerge) – students are held accountable for their behavior, but not condemned.

### Consequences for Offenses:

*1<sup>st</sup> Offense:* The student will receive a verbal warning.

*2<sup>nd</sup> Offense:* The student will be pulled aside by a C.A.E. Mentor/Instructor to discuss the offense.

*3<sup>rd</sup> Offense:* The student will be pulled aside by a C.A.E. Mentor/Instructor and will be asked to call his/her parents, explain why they are calling (i.e. what actions got them into trouble), and ask to be picked up immediately. At this time, the student will receive an advance warning that the next offense will result in suspension from C.A.E. for 1-2 weeks.

*4<sup>th</sup> Offense:* The student will be expelled immediately from C.A.E. workshops and activities indefinitely. C.A.E. program staff will notify Parent/Guardian of decision. A meeting with the CEO, Staff, and Parent/Guardian are required to consider overturning the decision.

C.A.E. leaders reserve the right to determine the severity of misbehavior and may choose to skip or modify any of the above-stated consequences.

Students who reach 4<sup>th</sup> Offense multiple times may also be subject to required meetings with the Director and/or parent meetings prior to being allowed back at any above stated events or activities.

KEEP THIS SHEET FOR YOUR RECORDS  
**C.A.E. STAFF CONTACT INFORMATION**

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**CORPORATE STAFF:**

**Rev. B.J. Pleasant**, Co-Founder & CEO

Email: [b.pleasant@CAEWW.com](mailto:b.pleasant@CAEWW.com)

**(724) 977.7897**

**Mr. Kenneth Wilson**, Regional Director (PA & OH Regions)

Email: [k.wilson@CAEWW.com](mailto:k.wilson@CAEWW.com)

**(234) 206.1881**

**REGIONAL STAFF (SITE ADMIN TO COMPLETE):**

**C.A.E. PROGRAM MANAGER**

**Name:** \_\_\_\_\_ Mrs. Ava "Blu" Wilson

**Phone:** \_\_\_\_\_ (234) 206.1471

**C.A.E. EVENTS & VOLUNTEER COORDINATOR**

**Name:** \_\_\_\_\_ Mrs. Miah Hudson

**Phone:** \_\_\_\_\_ (724) 699.3218

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**STUDENT CALL-OFF PHONE NUMBER:**

**(724) 243-2525**

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