



All confidential information must be completed to be eligible for consideration. SAY Sí is able to provide our programming for San Antonio's creative youth at NO COST to the students because of our intensive fundraising efforts. Foundations and government grants require us to collect information on the students and families we serve. Please take the time to answer the following questions completely and candidly.

Student Applicant Information

Studio (Circle)

First Name: _____ Last Name: _____

- HIVE
- ALAS
- VA
- MAS

Date of Birth (mm/dd/yyyy): _____ Age: _____ Ethnicity/Race: _____

Address: _____ City Council District: _____

Primary Phone: _____

City: _____ State: **TX** Zip Code: _____ Current Grade: _____

School Name: _____ School District: _____ School ID #: _____

Student Mobile #: _____ Student Email Address: _____

Are you a previous applicant? _____ If yes, when did you apply? _____

Have you previously been part of SAY Sí? _____ If yes, what year(s) were you here? _____

List any extracurricular activities/obligations that may conflict with SAY Sí and when (days and times)

Describe your mode of transportation to SAY Sí: _____

Do you have internet access at home? Yes No Are you bi-/multi-lingual? _____

If you are bi-/multi-lingual, what other languages do you speak? _____

Parent/Guardian 1 Information

Relationship to Student: _____

Parent/Guardian Name: _____ Email Address: _____

Best Phone # to Reach You: _____ 2nd Best Phone # to Reach You: _____

Address (If different from student): _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Title/ Position: _____

Employer: _____

Please fill out an
Emergency Contact
on the Medical
Information and
Release form

Parent/Guardian 2 Information

Relationship to Student: _____

Parent/Guardian Name: _____ Email Address: _____

Best Phone # to Reach You: _____ 2nd Best Phone # to Reach You: _____

Address (If different from student): _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Title/ Position: _____

Employer: _____

Youth lives with: _____

Please leave any notes about custody or living situation that may be helpful for us to know:

Additional Notes:

Staff Use Only
SAY Sí ID #

Date Enrolled

Staff Interviewer

- Medical Release
- CDBG Form
- Media Release
- Field Trip Form
- Student MOU
- Report Card

SAY Sí MEDICAL INFORMATION AND RELEASE FORM
Student Applicant Information

2022



First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Date of Last Tetanus Booster: _____

Sex: _____ Student's Preferred Pronouns (She/He/They): _____

Is your child on an IEP in their school? Yes No Prefer Not to Answer

[IEP can be any Individualized Education Program or Special Education Services] If yes, please submit a copy for your student's file.

Any learning challenges? _____

Any emotional/behavioral challenges? _____

Physical Difficulties? _____

Currently on any Medications _____

Additional Information you feel we should know (ex. triggers or coping mechanisms): _____

Please check all that apply

Allergies Yes No

Medicine _____

Food _____

Environment _____

COVID-19 Vaccine Information *[copy of vaccine card or other immunization record required for in-person participation]*

Has your child received at least one COVID-19 vaccine shot? _____ YES _____ NO

IF YES, FILL OUT THIS SECTION:

Type of vaccine _____ (Pfizer, Moderna, Johnson & Johnson, etc.)

Date of COVID-19 vaccine #1 _____ Date of COVID-19 vaccine #2 _____

If NO, but a COVID-19 vaccine is SCHEDULED, list the date of the first dose scheduled here:
_____ (Month/Day/Year)

If NO, and a COVID-19 vaccine is NOT scheduled, please let us know if you need help scheduling the shot or please confirm that your child will only be participating in SAY Sí virtually and not in person unless their vaccination status changes.

Primary Care Physician: _____ **Phone Number:** _____

Does your child have a counselor/therapist/case manager we could contact if a crisis should occur? Yes No

If yes, who: _____ Title: _____ Phone Number: _____

Insurance Policy Holder

Policy Holder Name: _____ Relationship to Student: _____

Best Phone #: _____ 2nd Best Phone # to reach you: _____

Address: _____ City: _____ State: TX

_____ Zip Code: _____

Health Insurance Company: _____ Policy Number: _____

Emergency Contact Information *[Other person to notify if parent/guardian is unavailable]*

Relationship to Student: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Medical Consent/Release

As the parent/legal guardian of _____, I request that in my absence the above named minor child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, nurses, dentists and staff to perform any diagnostic procedures, treatment procedures and operative procedures to the above named individual. I have not been given any guarantee as to the results of any treatment if performed on the above named individual.

I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above named child in the event of an accident, injury, sickness, etc. Any representative of the following organization is designated to act on my behalf until I have been contacted: SAY Sí, San Antonio Youth YES!

If an illness or injury results in my child's hospitalization or inability to travel home at the end of a SAY Sí activity, I agree to make necessary arrangements to have a family member or other responsible party travel to SAY Sí's program location to provide assistance. SAY Sí staff will be unable to remain with my child after the program activity ends.

I further agree to provide SAY Sí information about any symptoms of illness, particularly any communicable disease, my child may have prior to any in-person SAY Sí program activity. SAY Sí may request that my child not participate if doing so poses a risk to him/herself/themselves or others.

General Release

I understand the above-named minor child assumes any and all risks that might be associated with the activities that he, she or they may be involved in and release all rights and claims for damages which the above named, heirs, executors, administrators assign, or as I may have against SAY Sí, San Antonio Youth YES! its directors, officials, teachers or representatives for any and all injuries or damages of any kind as a result of their participation.

Parent/Guardian Name [Print] _____ Relationship to Student: _____

Parent/Guardian Name [Signature] _____ Date: _____



SAY Sí Student Household Economic Information Self-Certification Form

Participant (Student) Name: _____

Primary Household Parent Name: _____ Relationship to Student: _____

Number of persons in student's primary household: _____

Primary Parent Phone: _____

Primary Address: _____ City: _____ TX Zip Code: _____

As part of our commitment to access of creative youth development for San Antonio's marginalized communities, SAY Sí collects economic information on annual income. First priority into the program is given to students from lower economic households and areas. SAY Sí holds your privacy with the utmost respect and does not share personally identifiable information externally. When reporting to funders it is under a confidentiality agreement and shared as an aggregate. In the event that disaggregated information is required, SAY Sí makes every effort to redact personally identifiable information.

Please indicate the number of persons in your household, and then check the correlating box that contains your annual family income.

NOTE: "Income" is the total annual gross income of all family and non-family members 18+ years old that are living in the household.

Economic Level: Check One based on Household Size

Household size	Extremely Low Income (Below 30% of Median)	Very Low Income (Between 30% and 50% of Median)	Low Income (Between 50% and 80% of Median)	Middle Income (80% of Median to Median)	Above Median Income (Median to 50% Above)	Extremely Above Median Income (Over 50% Above)
1	<input type="checkbox"/> \$14,950 or lower	<input type="checkbox"/> \$14,951 - \$24,805	<input type="checkbox"/> \$24,806 - \$39,800	<input type="checkbox"/> \$39,801 - \$49,750	<input type="checkbox"/> \$49,751 - \$74,650	<input type="checkbox"/> over \$74,651
2	<input type="checkbox"/> \$17,050 or lower	<input type="checkbox"/> \$17,051 - \$28,400	<input type="checkbox"/> \$28,401 - \$45,450	<input type="checkbox"/> \$45,451 - \$56,500	<input type="checkbox"/> \$56,501 - \$84,750	<input type="checkbox"/> over \$84,751
3	<input type="checkbox"/> \$21,330 or lower	<input type="checkbox"/> \$21,331 - \$31,950	<input type="checkbox"/> \$31,951 - \$52,150	<input type="checkbox"/> \$52,151 - \$64,750	<input type="checkbox"/> \$64,751 - \$97,100	<input type="checkbox"/> over \$97,101
4	<input type="checkbox"/> \$25,750 or lower	<input type="checkbox"/> \$25,751 - \$35,500	<input type="checkbox"/> \$35,501 - \$56,800	<input type="checkbox"/> \$56,801 - \$70,750	<input type="checkbox"/> \$70,751 - \$106,125	<input type="checkbox"/> over \$106,126
5	<input type="checkbox"/> \$30,170 or lower	<input type="checkbox"/> \$30,171 - \$38,350	<input type="checkbox"/> \$38,351 - \$62,350	<input type="checkbox"/> \$62,351 - \$77,400	<input type="checkbox"/> \$77,401 - \$116,101	<input type="checkbox"/> over \$116,101
6	<input type="checkbox"/> \$34,590 or lower	<input type="checkbox"/> \$34,591 - \$41,200	<input type="checkbox"/> \$41,201 - \$65,900	<input type="checkbox"/> \$65,901 - \$81,810	<input type="checkbox"/> \$81,811 - \$122,700	<input type="checkbox"/> over \$122,701
7	<input type="checkbox"/> \$39,010 or lower	<input type="checkbox"/> \$39,011 - \$44,050	<input type="checkbox"/> \$44,051 - \$70,450	<input type="checkbox"/> \$70,451 - \$87,450	<input type="checkbox"/> \$87,451 - \$131,200	<input type="checkbox"/> over \$131,201
8	<input type="checkbox"/> \$43,430 or lower	<input type="checkbox"/> \$43,431 - \$46,900	<input type="checkbox"/> \$46,901 - \$75,000	<input type="checkbox"/> \$75,001 - \$93,200	<input type="checkbox"/> \$93,201 - \$139,800	<input type="checkbox"/> over \$139,801

SELF-CERTIFICATION STATEMENT: I hereby certify that the information provided on this form is accurate and complete. I also agree to provide financial records to support such information upon request. I acknowledge that providing false information may void or null application status or student's participation in the program.

Parent First Name: _____ Parent Last Name: _____

Parent Signature: _____ Date: _____



MEDIA RELEASE FORM

Authorization for Release of Audio, Photographs, Videotape or Film

I hereby consent, authorize and assign any and all rights to San Antonio Youth Yes! **[SAY Sí]**, its agents, officers, employees and all other persons or entities to whom release or circulation may be made including news and media organizations to use, reproduce, distribute, exhibit or broadcast photos, videos, film and audio recordings of my child, children, and or projects, for use in publicity releases and program marketing.

I further consent and authorize the above and others to release or circulate the same in any manner for any and all purposes in any form with or without my name or the name of my child. I understand the photos, videos, film and/or audio recordings may be viewed by the general public and that other uses may be made of them. I further agree and consent that SAY Sí and others are not responsible for any misappropriation of the photos, videos, film and /or audio recordings by any member of the general public or anyone else.

I have read the foregoing release, authorization and agreement before signing below and I warrant that I fully understand the contents thereof.

Name of Child: _____

Name of Parent or Guardian _____

Signature _____ Date _____



FIELD TRIP PERMISSION SLIP

Participant, Parent or Guardian Release and Indemnity

Throughout the year students will be participating several field trips. In place of asking for a new permission slip for each trip, we are providing this slip to apply to all field trips. **Notices describing each individual trip will be sent home/emailed prior to each field trip, to include dates, times, fees (if any) and destinations.** *If there is a specific trip that you do not wish your child to participate in, you may elect to opt out by notifying your child's instructor and/or the director at that time.*

I request that (Student's Name-PLEASE PRINT): _____ be allowed to participate in all field trips arranged by SAY Sí including special program trips that require travel and overnight stays.

I (Parent/Guardian Name-PLEASE PRINT): _____ acknowledge that participation in the field trips of SAY Sí is not mandatory and I may choose to keep my child at home during the days and times of those trips. I further acknowledge that no alternate activity need be provided.

Medical Consent/Release:

If any emergency medical procedures or treatment are required during any of the field trips scheduled as part of SAY Sí programming, I give consent for SAY Si representatives to seek medical attention for my child in the event of a medical emergency while on the trip.

I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above named child in the event of an accident, injury, sickness, etc. and agree to cooperate with SAY Sí, its employees or officers, its insurance carriers or other related entities to ensure payment for the cost of treatment.

Release and Indemnity:

In consideration of my child's ability to participate in SAY Si sponsored field trips, I and the above named minor child assume all risks and responsibilities for all injuries that may result from said participation in the SAY Sí sponsored field trips and hereby release all claims, damages, and liability which I and the above named minor child and our respective heirs, executors, administrators and assigns ("Releasors"), may have against SAY Sí and its directors, employees, officials, teachers or representatives ("Releasees"), for any and all injuries or damages of any kind whatsoever in connection with or as a result of the above named minor child's participation in the SAY Si sponsored field trips.

RELEASORS AGREE TO INDEMNIFY, DEFEND, AND HOLD RELEASEES HARMLESS FROM ANY INJURY (AND ANY RESULTING OR RELATED CLAIM, ACTION, LOSS, LIABILITY, OR REASONABLE EXPENSE, INCLUDING ATTORNEY'S FEES AND OTHER FEES AND COURT AND OTHER COSTS) ARISING FROM, IN CONNECTION WITH, OR RELATED TO, ANY PARTICIPATION IN ANY SAY SÍ SPONSORED FIELD TRIPS BY THE ABOVE NAMED MINOR CHILD.

Student Printed Name: _____ Date: _____

Student's Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



SAY Sí Middle School Student Memorandum of Understanding

As a leading creative youth development organization, SAY Sí is committed to creating a premier, inclusive, dynamic and nurturing educational environment for San Antonio's youth through dedication to: Creativity, Leadership, Equity and Community. In order to do this, SAY Sí students must observe all program policies.

Participation (Both Virtual and In-Person)

- Students are required to participate in and expected to attend every WAM program exhibition/production.
- Students must model good behavior and respect themselves, others, and the programs.
- All students must be a positive and productive influence in all spaces, meetings and platforms, building empathy as a leadership trait.
- Drugs, weapons and abusive language [including music] are not permitted at SAY Sí meetings or other SAY Sí community spaces. The safety of our spaces requires everyone's involvement and care.
- No toys, games, outside messaging, etc. can be used during sessions.
- No visitors, friends or relatives are allowed in the SAY Sí sessions or SAY Sí-only spaces like Trello.

Attendance Policy

In-Person Attendance Requirement: All students are asked to show proof of full vaccination before attending in-person studio sessions. Once approved these students are expected to attend all scheduled weekly in-person studio sessions for their group and follow shared & posted SAY Sí safety protocol such as wearing a mask, not eating inside the building (or within 6 feet of another person if weather requires eating indoors) and social distancing.

WAM students must attend at least 75% of scheduled sessions each trimester. During the school year, which includes both fall and spring trimesters, students are allowed a maximum of 3 absences. During the summer trimester, students are allowed no more than 4 absences. Missing a WAM session counts as an absence regardless of the reason or whether instructors are notified ahead of time or afterward. If a student is late to their sessions they may be marked absent. Chronic tardiness and/or missing more than the maximum amount of absences will result in

probation during the following trimester. If a student violates probation it is grounds for dismissal.

All students in attendance however, are expected to be as present as possible for all virtual meetings - meaning if students are able to share video and audio please do and communicate if there is a reason you cannot. Communications about absences or other participation issues need to be shared with instructors via email, text or phone.

Quality engagement, project progress and completion will be observed as evidence of good participation. Progress will be different for each studio. For example, for productions of film or performance, rehearsal sessions are required and students are expected to be ready to rehearse. This may require practice and prep outside of the weekly session. Students will be working independently on projects, and the studio sessions are an opportunity for students to share progress and collaborate with others.

The trimester schedule is as follows

Spring trimester: January - April

Summer trimester: May - August

Fall trimester: September - December

Communication

In order to ensure that students are able to take full advantage of the benefits of SAY Sí, it is imperative that parents and students maintain clear lines of communication with instructors. This includes, but is not limited to: changes in contact information (i.e. address, phone number, email address, schools etc.), issues with attendance (i.e. when and why students cannot be present during sessions and work on projects), scheduling conflicts, family emergencies and other issues families feel are important to share with SAY Sí staff. SAY Sí's Directors and Program-Administrators are available to you for larger issues or counsel.

Process for Absenteeism

- *Student misses 2/3 allowed sessions in fall or spring semesters and 3/4 in summer:* parents are notified.
- *Student misses maximum days allowed:* warning letter is sent including attendance policy.
- *Student misses more than maximum days allowed:* probation letter is sent stating terms of probation.
- *Student violates probation:* conference is called/dismissal letter is sent.

Probation

A student on probation must continue with exemplary performance: not miss more than the allotted number of absences for the entirety of the next semester, complete all projects and have good communication with SAY Sí staff. Violating probation will result in dismissal. Based on the student's performance status and history of communication, a conference may be called to appeal dismissal under extenuating circumstances. Any leniency given is at the program instructors' and program's director's discretion and will require a second probation period. Second violation of probation will result in automatic dismissal.

Other Requirements

Academics: Students are expected to prioritize their education and maintain grades that reflect their best efforts. If a student is struggling to maintain their grades, it is their responsibility to communicate with instructors if time is needed to focus on school and improve their grades. It is at the instructor's discretion

to decide whether the student can take a short leave of absence or will need to drop the program and reapply at a later time. Students who fail to maintain a C average in their academic studies and who fail to meet with staff regarding such issues will be suspended from the program until the next grade period. Failure to do so is grounds for suspension from SAY Sí. Leaves of absence are only permitted to bring grades up or for extenuating health or family issues.

Report cards: Students' report cards are due to SAY Sí at the end of each grading period.

Equipment: The use of the SAY Sí printers, copier, art materials and equipment [shop and media] should be limited to projects that fall within the context of the program. Use of the SAY Sí printers, copier, art materials and equipment for personal use is prohibited unless preauthorized from the instructors or program director.

Annual Review: Students are required to have an annual review at the beginning of each calendar year. The annual review will be based on attendance, performance and attitude and will be used to gauge the student's continuation in the program.

Breach of MOU

Disregard of these agreements will result in the following: First, the student is communicated with to address the issue. Second, if speaking with the student does not result in positive progress, a meeting is called with the student and parent. Third, if the problem persists, the student will be dismissed from SAY Sí.

Policies are made for the protection and well-being of the student body and to promote the ideals of scholarship, character and professional behavior. SAY Sí pledges to provide the highest caliber of training possible in the arts. In return, SAY Sí expects its policies to be honored. SAY Sí wants to train the best artists possible; therefore, the signatures of the student and program staff are required on this form, signifying understanding and agreement with the above rules.



Middle School Student
Memorandum of Understanding
Signature Agreement

This Memorandum of Understanding (MOU) serves as an agreement between SAY Sí, the student and parent(s)/guardian(s) and these signatures represent that all parties have read and agree to all terms outlined.

Rules are made for the protection and wellbeing of the student body, and to promote the ideals of scholarship, character and professional behavior. SAY Sí pledges to provide the highest caliber of training possible in the arts. In return, SAY Sí expects its policies to be honored. SAY Sí wants to train the best artists possible; therefore, the signatures of the student and program staff are required on this form, signifying understanding and agreement with the rules outlined in the MOU.

Student Printed Name: _____ Date: _____

Student's Signature: _____ Date: _____

Parent Printed Name: _____ Date: _____

Parent's Signature: _____ Date: _____

Studio Program Director: _____ Date: _____

SAY Sí Programs Director: _____ Date: _____