



INDIVIDUAL STUDENT APPLICATION FORM

PERSONAL INFORMATION:

Student Name (First, Middle, Last)		Click here to enter text.	
Address	Click here to enter text.	City, State, Zip	Click here to enter text.
Email	Click here to enter text.		
This is a <input type="checkbox"/> Family Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Independent Living			
<input type="checkbox"/> Group Home (please provide group home name)	Click here to enter text.		
Is this your billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please provide a billing address.			
Billing Address	Click here to enter text.	City, State, Zip	Click here to enter text.
Primary Telephone	Click here to enter text.	Date of Birth	Click here to enter text.

PRIMARY/EMERGENCY CONTACT (STUDENT REPRESENTATIVE):

This person will be the contact in the instance of an illness or other issues that may arise during a class session. This person will also receive information about art center closings, upcoming events, art center news and classroom issues.

Name:	Click here to enter text.	Relationship	Click here to enter text.
Address	Click here to enter text.	City, State, Zip	Click here to enter text.
Telephone	Click here to enter text.	Email	Click here to enter text.

SOCIAL WORKER OR CASE MANAGER:

N/A <input type="checkbox"/>	Name of Social Worker or Case Manager (If applicable):	Click here to enter text.	
Agency	Click here to enter text.	Telephone	Click here to enter text.
Address	Click here to enter text.	City, State, Zip	Click here to enter text.
Email	Click here to enter text.		

MEDICAL CONTACT INFORMATION:

Doctor Name	Click here to enter text.	Telephone	Click here to enter text.
Hospital Preference	Click here to enter text.		

MEDICAL INFORMATION:

Please describe any special medical issues that Donna Lexa Community Art Centers, Inc. staff will need to know to most effectively work with the applicant.

<input type="checkbox"/>	Allergies	Explain:	Click here to enter text.
<input type="checkbox"/>	Dietary Restrictions	Explain:	Click here to enter text.
<input type="checkbox"/>	Diagnosed Medical Condition	Explain:	Click here to enter text.
<input type="checkbox"/>	Other	Explain:	Click here to enter text.

PLEASE NOTE: We do not have the capacity to provide assisted toileting. Our facilities are handicapped accessible but our staff is restricted to art instruction. They are not equipped to provide personal care. Please plan accordingly.

PERMISSION/RELEASE STATEMENT:

Periodically we have photos taken of students at work for newspaper stories, special events, art exhibitions and Donna Lexa print/web materials. Please indicate your preference below.

<input type="checkbox"/>	I GRANT permission to have my photos used.	<input type="checkbox"/>	I DO NOT GRANT permission to have my photos used.
Signature		Date	

TRANSPORTATION:

STUDENTS NEED TO PROVIDE THEIR OWN TRANSPORTATION TO AND FROM CLASSES

It is important for transportation to deliver and pick up as close to class time as possible. It is the student's (or representatives) responsibility to coordinate transportation. Donna Lexa staff is not available prior to class time nor are they available to wait for late pick up after class. **Please identify the type of transportation that will likely be used.**

<input type="checkbox"/>	Private Vehicle	<input type="checkbox"/>	Group Care Van	<input type="checkbox"/>	Taxi
<input type="checkbox"/>	Bus	<input type="checkbox"/>	Walk	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Curative	<input type="checkbox"/>	Metro	<input type="checkbox"/>	Other Click here to enter text.

Please provide the name of transport and a telephone number.

Name	Click here to enter text.	Telephone	Click here to enter text.
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STUDENT PARTICIPATION AGREEMENT:

Billing is prepared monthly and is payable upon receipt. Questions regarding billing should be directed to the Business Office at 262-521-2292. To determine eligibility for financial assistance, please complete the financial assistance form and submit it along with your application.

- A late fee may be charged for late payments
- If a class is missed without prior notification, payment of class fee will be the responsibility of the student or financial representative
- Two weeks advance notice of discontinuation or extended planned absences is required
- Place in class will be reserved if requested due to temporary incapacity of student

As a student and/or financial/student representative you are expected to:

- Notify class teacher or the DLCAC office of planned and/or other absences
- Coordinate your own transportation to and from the Center location consistent with class times
- Ensure, negotiate, or designate responsibility for fee payment in a timely and consistent manner
- Assume responsibility for payment of framing and other individual purchases of materials for personal use
- Communicate your ideas, suggestions, and concerns regarding the program or its operation to an appropriate DLCAC staff member to improve the quality or delivery of service to you or others
- Cooperate in the completion and return of periodic student updates to keep our records current

AGREEMENT ACCEPTANCE:

I understand these responsibilities, and I agree to comply with all expectations and billing procedures. My signature indicates that I have read this agreement and understand its contents.

Student Signature		Date	
Payee Signature		Date	
Payee Name (Please Print)			

If you are unable to submit your application electronically, please return the completed form to:

**Donna Lexa Community Art Center, Inc.
247 Wisconsin Avenue
Waukesha, WI 53186**

OFFICE USE ONLY	Date Received: _____
<input type="checkbox"/> Waukesha <input type="checkbox"/> Milwaukee <input type="checkbox"/> West Bend	Date Assessed: _____
	Start Date: _____
	Instructor: _____
	Day/Time: _____