

Registration Form

For office use only

<input type="checkbox"/> dmg	<input type="checkbox"/> ml	<input type="checkbox"/> qb	<input type="checkbox"/> vr	<input type="checkbox"/> gc	<input type="checkbox"/> Sales
Start _____	Fee _____				<input type="checkbox"/> W9 sent
					<input type="checkbox"/> W9 on file

Section 1 – Personal Information

First Name _____ Middle Initial _____ Last Name _____ DOB _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Allergies *(Medical conditions, foods, medications, bee stings, and any other substances that may cause a reaction needing medical attention)*

Have you ever been convicted of a felony? No Yes (explain)

Background checks are performed and we reserve the right to decline admission to our programing based on what is found. However, we do not discriminate based on race, color, sex, national ancestry, sexual orientation, creed, age or disability.

Service dogs. Please check any that applies to you so we know the best times to schedule you.

I have a service dog I am allergic to dogs I am afraid of dogs Dogs are cool I'm ok with them

Emergency contact person (for during time you are at Studio)

Name _____

Relationship _____

Address, City, State, Zip _____

Phone _____ Email _____

If you live in a group home: Program Manager/contact person

Organization and relationship _____

Name _____

Address, City, State, Zip _____

Phone _____ Email _____

Are you your own guardian? yes no If no then please fill in who your guardian is.

Name _____

Address, City, State, Zip _____

Phone _____ Email _____

Diagnosed disability/s (Please give specifics)

Gender Identity Male Female Other _____

Physical Limitations/Mobility

Adaptive Devices used

Educational & Occupational History

Leisure/community recreation

What do you feel are your abilities?

Things/skills you'd like to learn or improve on

Interests/Hobbies

If there is anything else that you feel would assist us in making your creative process and visits with us more productive, please explain.

Section 2 – Method of Payment

Self pay

Send Invoice to:

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Fiscal Agent/Case Manager/Consultant

Send Invoice to:

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Section 3 – Program Selection

Refer to Program Handbook for program descriptions and options available.

Check only one program and any available options available to specific program.

Visual Art Day Program

Assisted Sales Option available only to Visual Art Day Program

Vocational Program

Hybrid Sales Option available only to Vocational Program

Transition Program

Group Program

Special forms will be required and discussed during interview process for sales of art and the options available.

Section 4 - Permissions

By signing below, I give Studio 84 permission to: (check all that apply)

- Use any photos taken for promotional purposes in printed material, web site, newspapers etc.
- Exhibit my work in Studio 84's gallery or submit to other opportunities for exhibition

_____ Date _____

Signature of Parent/Guardian Self (Please check one)

Section 5 – Selling your artwork

Available to those in the Visual Art Day Program and Vocational Program only

- I do not want to sell my work
- I will allow the following to be sold: (Check all that apply)
- Original art Notecards Prints of originals Other products created from images

- Studio 84 is only a venue for you to sell your artwork. We do not charge or collect sales tax on items sold.
- All income reporting, income taxes, sales tax or other business-related reporting, fees, expenses etc. resulting from sales are the sole responsibility of artist or parent/guardian or case worker.
- Studio 84 will provide monthly checks of any sales, year-end reports of all sales earnings amounts and any 1099's when required for us by law for your convenience.
- A chart of how we price the work and associated costs is available upon request.
- Associated costs (printing/packaging, canvas/paint, matting framing, etc) plus a percent for overhead expenses will be deducted from retail value with remaining profit going to artist as indicated below.

Profits from sales:

- 100% of profit goes to Artist
- I choose to not be paid for any sales of my art or products. All profits can help support Studio 84 programing.

Checks for sale of any work and year end reports will be made payable to and mailed to artist.

Artists address on form will be used unless indicated differently below:

Note: Studio 84 reserves the right to use select art works for notecards to be packaged with two or more artists in a package such as holiday cards, thank you cards or themed boxes. This right is reserved regardless of box checked that you do not want to sell your work.

Proceeds from sales of group items will support our programing for the benefit of all.

If you leave the program, you will be sent a notice of intent to inform us of what you want done with your art and images. IF the form is not returned, all art and images become the property of Studio 84 and we reserve the right to sell and keep profits or re use materials as we see fit to support our programing.

Demographics

As a non-profit we continually apply for grants to support our programming, so need to keep track of certain data. We hope you will fill this out, as it is extremely helpful in these application processes.

All information is kept strictly confidential and used for statistical data collection only.

All questions refer to participant unless otherwise stated.

Gender

- Male
 Female
 Other

Age

- under 7
 8-12
 13-18
 19-25
 26-35
 36-45
 46-55
 56-65
 66-75
 75+

Annual Income (use household if a minor)

- under \$10,000
 \$10,000 - \$19,999
 \$20,000 - \$29,999
 \$30,000 - \$39,999
 \$40,000 - \$49,999
 \$50,000 - \$59,999
 \$60,000 - \$69,999
 \$70,000 - \$79,999
 \$80,000 - \$89,999
 \$90,000 - \$99,999
 \$100,000 and above

Race/Ethnicity (check all that apply)

- White
 African American/Black
 Hispanic/Spanish/Mexican American
 Asian/Pacific Islander
 Native American
 Other (please identify) _____

Disability (check all that apply)

- None
 Autism
 Physical (please identify) _____
 Cognitive/Intellectual/Mental Retardation
 Mental Illness (please identify) _____
 Learning disability
 Behavioral/Emotional Disability
 Other (please identify) _____

To help us better evaluate effectiveness please let us know how you heard about Studio 84.

- Newspaper
 Radio
 Friend/teacher/caseworker
 Walking by
 Web Site (Studio 84's)
 Other (please identify) _____

Sources of income, check all that apply: (use household info if a minor)

- Work (full/part time/self employed)
 Pension/retirement fund/trust fund etc.
 SSI
 SSDI
 SS (retirement)
 None (I am a minor)
 Other (please identify) _____