



SWAN's services are exclusively provided to children, ages 6-17, who have a parent or parents who are currently incarcerated or have a history of incarceration.

Student Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_ Grade \_\_\_\_\_

Ethnicity:  Caucasian  African-American  Hispanic-American  Native-American  Asian-American  
 Pacific Islander  Other \_\_\_\_\_

Gender:  Male  Female

**FAMILY INFORMATION: (Parent or Guardian)**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred method of contact: \_\_Email \_\_Home Phone \_\_ Work Phone \_\_ Cell Phone

**PARENTAL INCARCERATION INFORMATION:**

At least one parent's incarceration information\* is **REQUIRED for Admission** into SWAN

Mother's Full Name \_\_\_\_\_ Prison ID # \_\_\_\_\_

from: \_\_\_\_\_ to: \_\_\_\_\_

Place of Incarceration \_\_\_\_\_ Date of Incarceration \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Prison ID # \_\_\_\_\_

from: \_\_\_\_\_ to: \_\_\_\_\_

Place of Incarceration \_\_\_\_\_ Date of Incarceration \_\_\_\_\_

\*Further information may be required to establish applicant's relationship to the above listed individuals.

**EMERGENCY CONTACT INFORMATION:**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_



**MEDICAL INFORMATION:**

Medicines Taken: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**MUSIC INFORMATION:**

Please check the boxes as to the desired music lessons:

Violin  Viola  Cello  Acoustic Guitar  Electric Guitar  Trumpet  Voice

Singing Group  Hand-Drum Group  Other \_\_\_\_\_

Are you able to use an instrument provided by your public school system? Yes  No

**Which items would you need to have provided for your child?**

Instrument  Music Stand  Music Books

**TRANSPORTATION INFORMATION:**

At the end of the lesson AND in the event that the lesson is canceled or dismissed early because of weather or any other reason, please have my child: (PICK ONE)

**WALK HOME BY HIMSELF/HERSELF**

**PICKED UP ON TIME BY:** (Please list the people who are allowed to pick your child up)

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

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

**PERMISSION INFORMATION:**

- My signature below indicates permission for my child to participate in SWAN: Scaling Walls A Note at a Time.
- I give my permission, in the case of emergency, for my child may be transported to the nearest hospital for treatment. I give permission to the physician to secure and administer treatment. SWAN staff and volunteers may perform minimal first aid if needed.
- I give SWAN: Scaling Walls A Note at a Time permission to use my child’s photo, video, and name in any article or to be displayed in the building or in the news media including online publication.
- I give permission for my child to be transported to or from any SWAN activities including field trips and special events.
- I give permission for SWAN and any partnering after-school programs to access my child’s academic, social, and demographic information from the School District of Lancaster or their private or public school.
- I give permission for my child to participate in the Millersville University Impact Study of SWAN.

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**



**TERMS OF AGREEMENT:**

When the enrolled student attends a scheduled session, SWAN's sole responsibility and role is to provide instruction. I (parent/guardian) accept full responsibility for any actions of behavior from \_\_\_\_\_ (child's name) that would result in accidents, injury, damage to the facility or danger to the student or to those around him/her.

I authorize [ ] SWAN to receive my child's school transcripts. This information will be used for SWAN's Impact Studies.

I agree [ ] to contact SWAN's Registrar, 410-655-5149, [musiclessons@swan4kids.org](mailto:musiclessons@swan4kids.org), to keep SWAN apprised of updates on any information within this application.

I agree [ ] to contact SWAN's Registrar, 410-655-5149, [musiclessons@swan4kids.org](mailto:musiclessons@swan4kids.org), if my child is unable to come to a lesson. (24 hours notice is appreciated).

I acknowledge [ ] that all the above information is accurate to the best of my knowledge.

**ADDITIONAL TERMS:**

**Applicants may be placed on a waiting list if SWAN is unable to provide a teacher, a suitable venue for the lessons to take place or an instrument.**

**SWAN does not promise to provide instruments.**

As SWAN students learn the disciplines of music they are also exposed to Biblical mentoring and Gospel truths. Character qualities such as discipline, patience, faithfulness, self-control, and perseverance are taught in an encouraging and loving environment.

Upon acceptance into SWAN's program, music services can continue to be offered to the student up to their 18th birthday.

**SWAN reserves the right, at its sole discretion, to terminate lessons or services to enrolled students.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**PARENTAL CONSENT:  
Release from Liability and Indemnity Agreement**

We, the undersigned parent or guardian(s) of \_\_\_\_\_, a minor, do hereby consent to his/her participation in music lessons and related activities (including the serving of meals or snacks incidental to such activities) through SWAN: Scaling Walls A Note at a Time, a Pennsylvania non-profit corporation, and do forever RELEASE, acquit, discharge, and covenant to hold harmless SWAN, and its successors, officers, members, employees, servants and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent or guardian of said minor child, and also all claims or right of action for damages which said minor has or hereafter may acquire either before or after he/she has reached his/her majority resulting or to result from his/her participation in music lessons and related activities through SWAN.

FURTHERMORE, we/I hereby agree to protect SWAN and its successors, officers, members, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in private music lessons and related activities through SWAN, and to INDEMNIFY, reimburse or make good to SWAN or its successors, officers, members, employees, servants and agents any loss or damages or costs, including attorney's fees, SWAN or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in private music lessons and related activities through SWAN.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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