



Check interested Training (Supplies Included)

Scholarship-Office Only

YOUNG! Animators
Mon-Thurs 4-6pm
\$125 per week

YOUNG! Cartoonist
Thurs 5:30-7:30pm
\$35 per class

Cartooning Workshop
(Registration form needed)
1st Saturday of every Month
11-1pm
\$50 per class

YOUNG! REC(summer)
Mon-Thurs 12-3pm
\$3 Admission

YOUNG! Recreation
Mon-Thurs 4-6pm
\$3 Admission

YOUNG! Camp
(Bring Lunch)
Mon-Fri 9-3pm
\$200 per week

Winter Spring
 Summer Fall

Field Trips
(Individual/Group)
(Registration form needed)

Mon-Fri / 9-11am,
1-3pm, or 3:15-5:15pm
\$25 per student

YOUNG! Zone
Mon-Thurs 12-3pm(summer)
\$10 Admission

YOUNG! Zone
Mon-Thurs 4-6pm
\$10 Admission

Gamers Club
Fri 4-6:30pm
\$5 Admission

Make all checks payable to: Hartford Animation and Film Institute -HAFI
(There will be a \$30 service fee for returned checks)

Student Pickup:
 Parent Walking
 Bus Other

APPLICANT INFORMATION

First Name _____ Last Name _____
Street Address _____ Apt. /Suite _____
City _____ State _____ Zip _____
Home Number _____ Cell _____
Organization _____ **Number** _____
Billing Address _____ Town, State _____ Zip _____
Contact Name _____ Number and Ext. _____
Contact Email _____

EDUCATION

School _____ Last or Current Grade Attended _____
Activities/Hobbies _____

Membership Agreement

I, _____, understand that all students will be required to attend classes consistently in order to remain enrolled. I will complete all assignments on a timely basis to the best of my ability. If accepted into the program, I agree to abide by the code of excellence established by Hartford Animation Film Institute-HAFI.

Parent/Guardian Signature _____ Date _____
Student Signature _____ Date _____

Media Release

I authorize Hartford Animation Film Institute-HAFI to use my likeness, voice and student projects for the purpose of advertising, publication, promotion, documentation and distribution in its limited connection to the animation projects. The use of my image is limited to educational projects connected to HAFI. Any further use of said images outside of HAFI must be requested in writing and is subject to negotiation.

Parent/Guardian Signature _____ Date _____
Student Signature _____ Date _____

The Richardson Building
Downtown Hartford
942 Main Street
Hartford, CT 06103
Phone: 860-560-1122 Fax: 860-560-1133



STUDENT INFORMATION

*First Name		* Last Name		MI
*Address		State		Zip
Neighborhood				
<input type="checkbox"/> Asylum Hill	<input type="checkbox"/> Downtown	<input type="checkbox"/> Parkville	<input type="checkbox"/> South Green	
<input type="checkbox"/> Barry Square	<input type="checkbox"/> Frog Hollow	<input type="checkbox"/> Sheldon Charter Oak	<input type="checkbox"/> South Meadows	
<input type="checkbox"/> Behind the Rocks	<input type="checkbox"/> Northeast	<input type="checkbox"/> Southwest	<input type="checkbox"/> Upper Albany	
<input type="checkbox"/> Blue Hills	<input type="checkbox"/> North Meadow	<input type="checkbox"/> South End	<input type="checkbox"/> West End	
<input type="checkbox"/> Clay Arsenal	<input type="checkbox"/> Other _____			
*DOB	*AGE	SSN		
*GENDER	<input type="checkbox"/> Female	<input type="checkbox"/> Male		
*RACE				
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Is.		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Other Race (specify) _____		
Ethnicity – Hispanic or Latino				
<input type="checkbox"/> Chicano	<input type="checkbox"/> Cuban	<input type="checkbox"/> Puerto Rican		
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Latino	<input type="checkbox"/> Spanish		
<input type="checkbox"/> Mexican American	<input type="checkbox"/> Other Hispanic/Latino/Spanish			
Ethnicity – Not Spanish or Latino				
<input type="checkbox"/> Bosnian	<input type="checkbox"/> Polish	<input type="checkbox"/> Other West Indies		
<input type="checkbox"/> Korean	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Vietnamese		
Ethnicity Other -		Limited English Proficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No		
*FAMILY				
<input type="checkbox"/> Two Birth/Adoptive Parents	<input type="checkbox"/> Step and Birth Parent	<input type="checkbox"/> Foster Parent(s)		
<input type="checkbox"/> Single Parent (female)	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Group Home		
<input type="checkbox"/> Single Parent (male)	<input type="checkbox"/> Relative/Guardian	<input type="checkbox"/> On Own		
*GOALS	<input type="checkbox"/> Internship	<input type="checkbox"/> Summer Employment		
	<input type="checkbox"/> Occupational Training	<input type="checkbox"/> Full Time Employment		
	<input type="checkbox"/> Part Time Employment	<input type="checkbox"/> Academic Enrichment		
	<input type="checkbox"/> Other _____			
* Must be completed				

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EMERGENCY CONTACT AND RELEASE FORMS

EMERGENCY CONTACTS

STUDENT NAME: _____

1. Contact Name: _____ Relationship _____ Phone _____
If you cannot reach the person listed above, please contact:

2. Contact Name: _____ Relationship _____ Phone _____
I understand someone will contact one of the above individuals in case of a medical or disciplinary emergency.

MEDICAL RELEASE

Please complete the following medical questions

Has your child been treated for any of the following? (Circle Yes or No, if yes explain below)

Injuries/Fractures	Yes	No	Date: _____
Head Trauma	Yes	No	Date: _____
Loss of Consciousness	Yes	No	Date: _____
Allergies	Yes	No	Date: _____
Asthma	Yes	No	Date: _____
Shortness of Breath	Yes	No	Date: _____
Heart Problems	Yes	No	Date: _____
Chest pains	Yes	No	Date: _____
Bleeding Disorders	Yes	No	Date: _____

Explain: _____

Is your child taking medications daily? Yes No (If yes, specify) _____
 Is your child allergic to insect bites? Yes No (If yes, specify) _____
 Is your child using an asthma inhaler/pump? Yes No (If yes, specify) _____

Child's Physician: _____ Phone: _____
 Insurance Company: _____ Policy Number: _____

I authorize release of the information to Hartford Animation Film Institute-HAFI. I also certify that son/daughter is medically able to participate in the HAFI program. I assume responsibility for any medical expenses that occur as a result of my child's participation in the program. I authorize the instructors to act for me in any emergency requiring medical attention. I certify that the instructors are in no way liable or responsible for any injury or medical expenses that may be incurred. Also, I give my child permission to participate in the HAFI program realizing that an activity may involve an unexpected injury.

Parent/Legal Guardian Signature

Date



Code of Conduct and Excellence

I realize this program is an **opportunity** to gain new personal development and employment skills. By participating in this program I agree to follow the standard of excellence set by Hartford Animation Film Institute-HAFI administration. I will commit to do my part to promote excellence in my work and in my behavior.

1. Please call 560-1122 as soon as you realize you are going to be late or absent.
2. More than one (1) unexcused absence is grounds for dismissal.
3. HAFI is a smoke free environment. No smoking is allowed in the bathrooms or in front of the building.
4. Any student reporting to the program under the influence of alcohol or any illegal substance will be terminated immediately.
5. The use of profanity is strictly prohibited. HAFI has a very strict “zero-tolerance” regarding the use of profanity.
6. Violence or threats of violence will not be tolerated. HAFI has a very strict “zero-tolerance” policy regarding violence in any form. Harassment on any level will not be tolerated. Verbal, sexual, passive-aggressive or any other form of intimidation will be grounds for dismissal.
7. Cell phones may be carried but not used during sessions unless there is an emergency. Please leave your phone on low or vibrate during program sessions.
8. In case of an emergency, never try to handle it alone. Inform an instructor immediately. Every work area has a first aid kit. Never touch blood or an open wound.

I confirm that I have received and read this agreement carefully. I fully understand the expectations of this program and I agree to these terms. I will support and abide by this code of excellence. Any decisions made based on these conditions will be honored.

Student Name (Print)

Student Signature

Date