



P.O. Box 60416, WASHINGTON DC 20039 • TEL/FAX: (888) 549-3695 • [WWW.RAISINGEXPECTATIONSDC.ORG](http://WWW.RAISINGEXPECTATIONSDC.ORG)

Dear Parent and Future Arts Apprentice:

Raising Expectations Inc. believes that learning goes on both inside and outside the classroom. Our arts enrichment activities build artistic skills and self-esteem as youth create works that they can be proud of. But, youth want and need more involved and individualized arts training from our workshop artists and to meet that demand, Raising Expectations has created a new Summer Arts Apprenticeship Program for youth and young adults ages 13-22. **Complete the attached registration form to enroll in this amazing opportunity to develop your artistic crafts and possibly develop an artistic career interest!**

Raising Expectations Inc. is a consortium of artists who want to give back to the future leaders of tomorrow! Take advantage of this opportunity to learn from local artists over the summer. Create your own production and masterpiece; share your talents in other arenas. Once you provide information about your artistic interests, whether it is dance, music, visual art, graphic design, or photography, Raising Expectations Inc. will provide you with a biography of your Mentor for the summer along with a description of the mentor's apprenticeship goals and objectives.

Below is a *Parent Permission and Liability Waiver Form* to complete and return to Raising Expectations Inc. along with your Registration Form. Your work of art will be shared at R.E.'s Annual Holiday Celebration in December.

**Don't wait to register!** We have arts entrepreneurs waiting to be matched with serious student artists with new ideas about creative expression of art. Should you have any questions, please do not hesitate to contact me at 1-888-549-3695 or by e-mail at [info@RaisingExpectationsDC.org](mailto:info@RaisingExpectationsDC.org).

Sincerely,

Abeo F. Anderson  
Founder/CEO

**RE-Educate, RE-Unify, RE-Connect Through the Arts!**



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## Participant Registration form

Date: \_\_\_\_\_

Type of Activity: Arts Apprenticeship Program

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

Last

First

Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Organization/School: \_\_\_\_\_ GPA: \_\_\_\_\_

Name of Parent(s)/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best Way and Time to Contact \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name

Relationship

Phone Number

**Apprenticeship Program Interest (select one):**  Art  Dance  Music  
 Computer Graphic Design  Photography Other: \_\_\_\_\_

***TELL US ABOUT YOURSELF: Please use a separate sheet if necessary.***

1. What excites you about your chosen program interests?
2. What do you hope to gain from your summer apprenticeship?
3. How can you share your talents with others?
4. What are some of your personal and career goals?
5. Can you use this program towards any school credits (i.e. volunteer community service)?

**Arts Apprenticeship Program Fees for Summer Semester (10-weeks)\***  
(Student Rate) \_\_\_\_\_\$100 (Special Adult Rate) \_\_\_\_\_\$200.00

Register online at [www.RaisingExpectationsDC.org](http://www.RaisingExpectationsDC.org)

Make checks payable to: "Raising Expectations, Inc." - \* Financial Aid Available\*

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## PARENT PERMISSION SLIP AND LIABILITY WAIVER FORM

PARTICIPANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

EMERGENCY NO. \_\_\_\_\_

SCHOOL STUDENT ATTENDS \_\_\_\_\_

STUDENT'S MEDICAL PROBLEMS/ALLERGIES: \_\_\_\_\_

**AUTHORIZATION:** I, \_\_\_\_\_, hereby authorize the Arts Mentor of Raising Expectations Inc. (R.E.) to provide arts apprenticeship opportunities and mentoring to my child/children and work in and outside the studio locations with the mentor. I further authorize the Arts Mentor of R.E. to act within their best judgment in any emergency in which my child may be involved. I authorize the Arts Mentor to seek whatever medical attention deemed appropriate and is in the best interest of my child.

*I also hereby waive and release Raising Expectations Inc. and/or R.E. officers, heirs, and any other member associated with Raising Expectations Inc. from any and all liability (injuries, illnesses or death) which might occur while on any or involved in any of the trips, programs or activities organized through the Arts Apprenticeship Program of Raising Expectations Inc. I authorize Raising Expectations Inc. to use any photographs or articles about my child for publicity purposes.*

PARENT OR GUARDIAN'S NAME \_\_\_\_\_  
(Print) (Relation to Student)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Thank You for Completing the Arts Apprenticeship Registration Process

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