

**REGISTRATION IS NOW OPEN**  
**THE BLACK ACADEMY OF ARTS AND LETTERS**  
**2009 DISD SUMMER ENRICHMENT PROGRAM**

**Hallelujah Gospel**  
**THE MUSICAL**

**Created, Produced and Directed by Curtis King**

**FULL SCHOLARSHIPS AVAILABLE FOR DISD STUDENTS**  
**\$50 NON-DISD STUDENT FEE MUST BE PAID IN PERSON**

Dear Parents and Guardians:

Greetings and felicitations from The Black Academy of Arts and Letter (TBAAL)!

This letter is being written to invite your child/children to TBAAL's 25th Annual Summer Youth Arts Institute. This program is an accelerated three-week intense training session designed specifically for youth 5th - 12th grades (ages 10-18). During this program, youth will be exposed and trained in Music, Dance, Theatre, Lighting, Costume and Make-Up. The program will culminate with a summer musical theatre production entitled **"HALLELUJAH GOSPEL— THE MUSICAL."** All classes will be held at TBAAL!

To pre-register your child/children, please:

- 1. Fill out the attached application and return to TBAAL either by mail, fax or in person.**
- 2. DISD Students can receive a full scholarship by submitting their DISD STUDENT ID NUMBER with application. Non-DISD Students MUST REGISTER IN PERSON. A one-time \$50 CASH ONLY non-refundable fee is required for all non-DISD students at the time of registration.**
- 3. Transport your child/children to and from TBAAL daily. The location is in the heart of downtown Dallas in the Dallas Convention Center Theater Complex (corner of Canton and Akard Streets).**
- 4. Each child should bring a sack lunch. However, TBAAL Concession Stand will be open for students to purchase snacks.**

The program will begin Monday, June 8, 2009 and ends with two final productions, Friday, June 26, 2009 at 8:00 p.m. and Saturday, June 27, 2009 at 1:00 p.m. and 4:00 p.m. Students must be present at 9:30 a.m. Monday through Friday and the day ends at 5:00 p.m. Students with featured roles/parts in the final production will be scheduled to rehearse on Saturdays.

If you have any questions, please contact Nora Wilson at 214.743.2506 or fax your child/children's application to 214.743.2451.

Do not miss this cultural experience! Space is limited. Registration ends on Wednesday, June 3, 2009 at 4:30 p.m.

# The Black Academy of Arts and Letters, Inc.



## 25<sup>th</sup> Annual Summer Youth Arts Institute

A Dallas Independent School District Summer Cultural Enrichment Program

### REGISTRATION FORM

2009 Extended Year

***Please Print***

DATE: \_\_\_\_\_ Are you a DISD Student? \_\_\_\_ **YES** \_\_\_\_ **NO**

**\*PLEASE NOTE - ALL NON-DISD STUDENT CASH NON-REFUNDABLE \$50 INSTITUTE FEES MUST BE PAID IN PERSON. ALL DISD STUDENTS MUST HAVE A DISD STUDENT ID# TO RECEIVE A FULL SCHOLARSHIP.**

School Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First MI

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Sex:  Male  Female Health Concerns: \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION:**

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

Bus Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

**REMIT YOUR ENROLLMENT APPLICATION & MEDICAL RELEASE FORM:**

The Black Academy of Arts and Letters, Inc.

ATTN: NORA L. WILSON

650 S. Griffin Street - Dallas Convention Center Theater Complex - Dallas, Texas 75202

PHONE 214.743.2506 FAX 214.743.2451 EMAIL [audiencedevelopment@tbaal.org](mailto:audiencedevelopment@tbaal.org)

Revised 3/25/2009

# The Black Academy of Arts and Letters, Inc.



## THE BLACK ACADEMY OF ARTS AND LETTERS, INC. PARENTAL CONSENT FORM

Child's Name \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ GRADE LEVEL \_\_\_\_\_

I/ we \_\_\_\_\_ the undersigned parent(s)/ legal guardians(s) of the above named child agree for my child to participate in THE BLACK ACADEMY OF ARTS AND LETTERS, INC. "SUMMER YOUTH ARTS INSTITUTE" and hereby agree and promise not to hold THE BLACK ACADEMY OF ARTS AND LETTERS, INC. nor its employees, volunteers and others who are assisting in the "SUMMER YOUTH ARTS INSTITUTE" responsible for any loss, damages or personal injuries that I or my child may receive as a result of such participation.

I understand that there are some risks inherent in the activities and I willingly assume the risks in order for my child to participate in this three weeks summer program. I also agree that I/my child will follow all instructions and procedures set by The Black Academy of Arts and Letters in order to maintain the maximum level of safety. Should a medical emergency arise, I give permission for any emergency medical care or treatment by a physician, surgeon, hospital, clinic or medical care facility that may be required.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### MEDICAL INFORMATION

Allergic to (drugs, food, etc.) \_\_\_\_\_

Other medical problems or restriction(s) \_\_\_\_\_

Is your child presently taking any medications? Yes \_\_\_\_ No \_\_\_\_

If yes, please list the medicine, time it is to be taken and any special instructions: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Has your child had the measles? Yes \_\_\_\_ No \_\_\_\_ Chicken Pox ?  
Yes \_\_\_\_ No \_\_\_\_

Physician(s) Name \_\_\_\_\_ Telephone # \_\_\_\_\_

### EMERGENCY INFORMATION

Parent (s) Mother: \_\_\_\_\_ Father \_\_\_\_\_

Next of Kin \_\_\_\_\_

Daytime Phone# ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_ Evening Phone# ( ) \_\_\_\_\_

Emergency contact if parent not available: \_\_\_\_\_

Daytime Phone# ( ) \_\_\_\_\_ Evening Phone# ( ) \_\_\_\_\_

Relationship \_\_\_\_\_ Drivers License \_\_\_\_\_

I hereby give my child permission to be released at the end of the day to the person (s) named above. This person must show proper identification at the time of pick up.

\_\_\_\_\_  
Parent/ Guardian's Signature

\_\_\_\_\_/\_\_\_\_\_/09  
Date

Revised 03/26/2009