



THE CONTINUUM PROJECT, INC.

Arts Programming for the Enrichment & Empowerment of Communities

The Legacy Program: RESIDENCY

Child Registration Form

To be completed by a parent or guardian



CYCLE (6) SIX

Date: _____

Last Name: _____

First Name: _____

DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Home Phone: _____ Email: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____ Work Phone: _____

Parent/Guardian Email: _____

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____ Work Phone: _____

Parent/Guardian Email: _____

EMERGENCY INFORMATION: Please enter two contacts other than parents/guardians.

Emergency Contact: _____ Relationship: _____

Emergency Contact Immediate Access Phone Number: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Immediate Access Phone Number: _____

MEDICAL INFORMATION:

Please list any chronic or acute medical conditions affecting your health:

Please list any allergies you have:

Is your child in adequate health to participate in the activities of The Legacy Program? _____
Yes _____ No _____

Does your child have his/her own health insurance? _____ Yes _____ No _____

If 'Yes', please list your child's insurer here: _____

PARENTAL CONSENT: *(To be completed by a parent - Initial each applicable line below)*

_____ I understand and give permission for my child to be involved in a genealogical search of his/her maternal and/or paternal family lineage, and that his/her findings will be exposed to The Continuum Project staff, other participants and the community at large.

_____ I understand and give permission for my child to engage in DNA ancestry testing by African Ancestry, Inc. I understand that the results will expose his/her geographic location and ethnicity of African ancestral heritage for one family line according to guarantees made by African Ancestry, Inc. (Unwillingness to participate in ancestry testing will disqualify your child from participating in the program.)

_____ I understand and give permission for the results of my child's ancestry test to be announced for the first time before the audience of my child's culminating performance.

_____ I understand that the genealogical and ancestral information gathered will be used to create a theatrical presentation to be performed by participants for the community.

_____ I understand that my child's unearthed genealogical and genetic information may be used in the creation of professional work which may include, but not be limited to, plays (published and performed for the stage), photography, documentaries, films, literature, and video. I understand that the details of my child's and family information will be changed for these works and that they will be the sole property of The Continuum Project, Inc. I understand that I will have no financial claim on properties created.

_____ Initial here if you do not want your unearthed information to be used for the creation of professional work.

Check one option below to determine which ancestral test your child will take:

_____ MatriClan Test (tests maternal African ancestry) _____ PatriClan Test (tests paternal African ancestry)

DISMISSAL INFORMATION:

Parent/Guardian Full Legal Name: _____

Parent Cell Phone Number: _____ Parent Email Address: _____

Additional Dismissal Authorizations:

I hereby authorize my child, _____, to be dismissed in the custody of:

(Please list the legal names of those individuals other than parents and emergency contacts with whom we can release your child. Note: the person will be required to submit NY state issued identification for verification. Please write "SELF" if the young person is allowed to leave our authority on their own recognizance. If your child is not authorized to be released to anyone, please write "NONE" on each line below.)

1. _____

2. _____

Please sign below to validate that all information gathered on this registration form is, to your knowledge, true and accurate. Please note that your signatures indicate that the participant is willing and able to commit to the outlined schedule for the program (listed below).

Participant Signature: _____ Parent Signature: _____

LPC6 DATES:

MAR. 5, 7, 12, 14, 19, 21, 26, 28,
30*

APR. 2, 4, 16, 18, 23, 25, 30

MAY 2, 9, 10*, 11*

ADDITIONAL DATES TBA IF
NECESSARY

TIMES:

3:15 - 5:30PM

LOCATION:

K447M 3RD FLOOR
BROOKLYN, NY

The Legacy Program is a theatre arts education, youth development initiative in which participants synthesize the study of personal genealogy and genetics into a theatrical experience of self-discovery. At the close of their culminating performance, participants receive the results of their African ancestry test, thus learning the probable place of their African ancestral heritage for the first time.

Orientation is on March 1st!

*Teacher nomination and parent approval
is required for participation*