

Entrepreneurship Development Program



THE C.A.L.M. CENTER
THE CREATIVE ARTS LOUNGE AND MEDIA CENTER

Entrepreneurship Program Breakdown

Week one - Creative Thinking

- Teaching - Drafting creative ideas for the development of your business
- Workshop - Writing out and drawing ideals

Week two - Vision Development

- Teaching - Sorting out Ideas
- Workshop - Drawing out developed ideas

Week Three - Testing Ideas

- Teaching - Prepare for vision for presentation
- Workshop - Presenting Ideas to scholars for feedback

Week Four - Trip

Week Five - Developing Vision

- Teaching - Developing an idea
- Workshop - Updating vision board from feedback

Week Six - Marketing Idea 101

- Teaching - Presenting Idea
- Workshop - Creating ideas on Marketing

Week Seven - Marketing Materials

- Teaching - Branding your Business
- Workshop - Creating Print Materials

Week Eight - Trip

Week Nine - Branding

- Teaching - Visual Supports
- Workshop - Professional Photo shoot

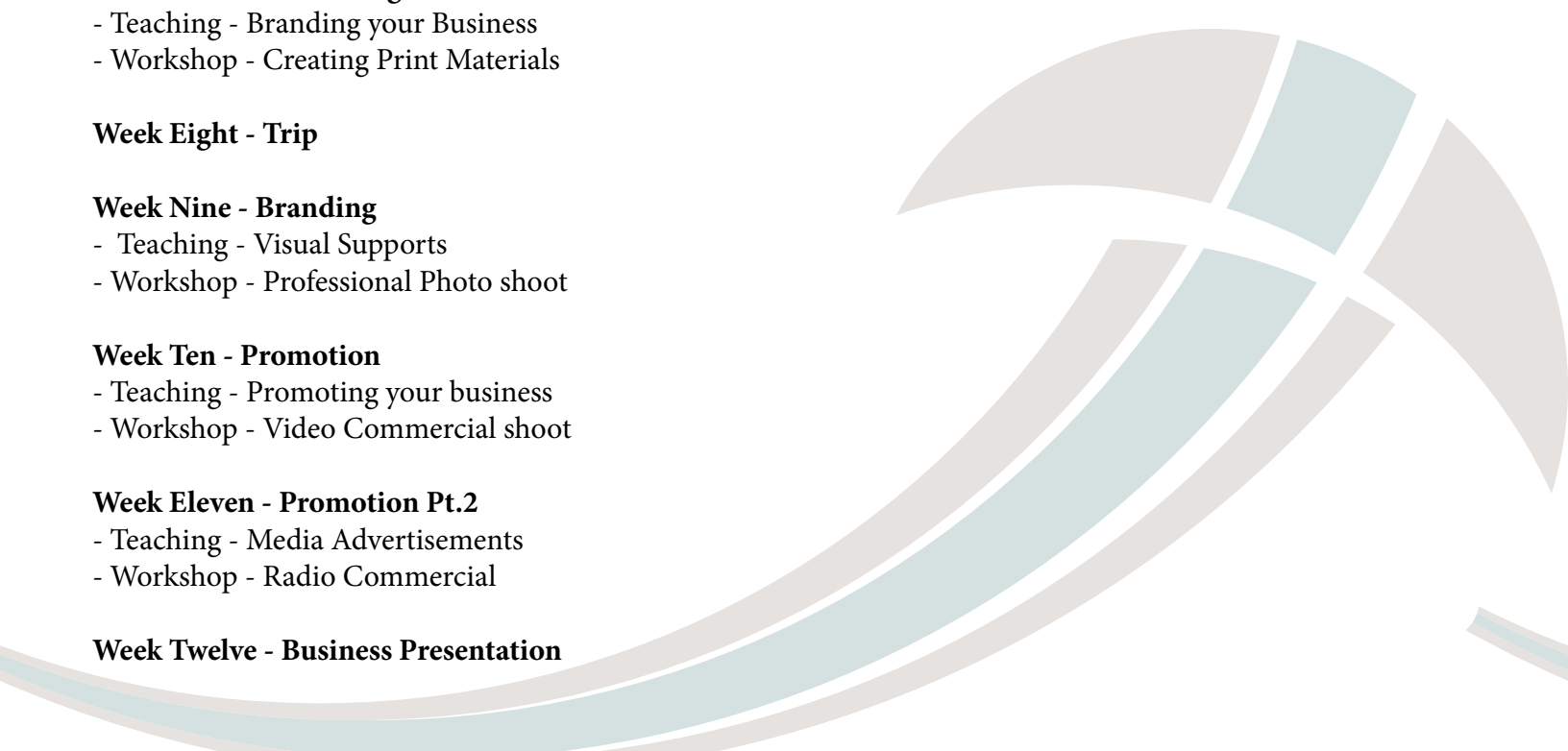
Week Ten - Promotion

- Teaching - Promoting your business
- Workshop - Video Commercial shoot

Week Eleven - Promotion Pt.2

- Teaching - Media Advertisements
- Workshop - Radio Commercial

Week Twelve - Business Presentation



ENTREPRENEURSHIP PARTICIPANT REGISTRATION FORM

<i>Staff only</i>
ID#
Date Enrolled

Program & Enrollment Information

Facility Name DR. TINA'S OFFICE 1445 City Ave, Wynnewood, PA 19096	Program Name Youth Entrepreneurship and Media Arts	Season / Year Winter 2018 (Feb - Apr)
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Youth Participant Information

First and Last Name						Date of Birth				Age			
Residential Address						City				Zip			
Primary Language Spoken at Home						Gender		Is the participant of Hispanic, Latino, or Spanish Origin?				Yes	No
Race (circle one)		Black/ African American		White/ Caucasian		Asian		American Indian/ Pacific Islander		Multi-racial			
Home Phone			Cell Phone			Email							
School Name													
Grade (circle one)													
K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	
Shirt Size (circle one)													
Child's Small		Child's Medium		Child's Large		Adult Small		Adult Medium		Adult Large		Adult X-Large	Other

Parent, Guardian and Emergency Contact Information

Contact 1		<i>Check all that apply</i>		
First & Last Name		Relationship		
Email Address		Phone		
		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Contact 2				
First & Last Name		Relationship		
Email Address		Phone		
		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Contact 3				
First & Last Name		Relationship		
Email Address		Phone		
		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Contact 4				
First & Last Name		Relationship		
Email Address		Phone		
		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>

Please complete the reverse side of this document

PARTICIPANT WAIVERS

Dismissal

Pick up only	I will allow my child to go home by themselves.	
<u>Name of responsible party</u>	<u>Relationship</u>	<u>Number</u>

Emergency Clause

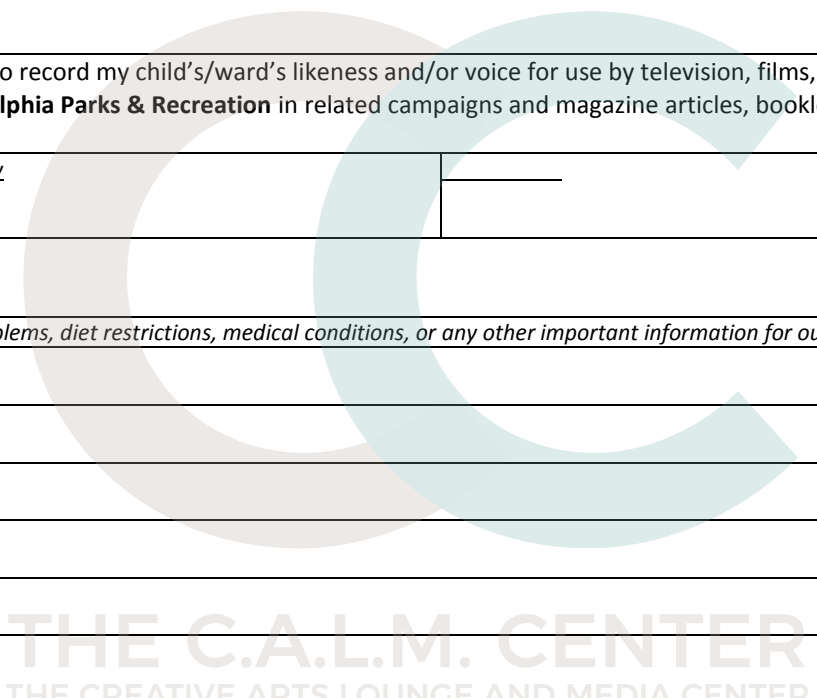
In the event I cannot be reached in an emergency, I hereby give my permission to employees of the Philadelphia Parks & Recreation to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization injections, anesthesia, and other medical procedures deemed necessary.		
<u>Signature of responsible party</u>	<u>Relationship</u>	<u>Number</u>

Media Release

I hereby grant permission to record my child's/ward's likeness and/or voice for use by television, films, radio or printed media to further the aims of Philadelphia Parks & Recreation in related campaigns and magazine articles, booklets, posters and in any other ways they may see fit.		
<u>Signature of Responsible Party</u>		<u>Number</u>

Staff Alerts

<i>Please list any behavioral problems, diet restrictions, medical conditions, or any other important information for our staff to know.</i>



THE CREATIVE ARTS LOUNGE AND MEDIA CENTER ASSURES THAT ALL FACILITIES AND SERVICES ARE AVAILABLE FOR PUBLIC USE WITHOUT REGARD TO RACE, COLOR, RELIGION, ANCESTRY, SEX, AGE, DISABILITY, NATIONAL ORIGIN, SEXUAL OR AFFECTIONAL PREFERENCE OF MARITAL STATUS. IF ANYONE BELIEVES HE OR SHE HAS BEEN SUBJECTED TO DISCRIMINATION ON THESE BASES, HE/SHE MAY FILE A COMPLAINT ALLEGING DISCRIMINATION WITH EITHER THE CREATIVE ARTS LOUNGE AND MEDIA CENTER OR THE OFFICE FOR EQUAL OPPORTUNITY, U.S. DEPARTMENT OF INTERIOR, WASHINGTON, D.C. 20240.

Guardian Signature