

Xavier University Department of Art  
Community Arts Program  
Mardi Gras Indian Arts  
Open to children ages 11-14

Parent/Guardian Name

Address

City/State/Zip

Phone #'s

Home

Cell/Work

Cell/Work 2

**Emergency Contact (if we are unable to reach a parent)**

**Name**

**Phone**

Please indicate campers' names and ages

Child name (1)	age
Child name (2)	age

Please answer the following questions about your participation in the art and cultural traditions of Mardi Gras:

**For students:**

- I attend Mardi Gras parades.
- I march/ride in Mardi Gras parades as a member of my school/church/other group (please specify)\_\_\_\_\_.
- I create/wear a costume on Mardi Gras day.
- Please state any other forms of participation\_\_\_\_\_.
- I do not participate in any Mardi Gras celebrations.

**For parents:**

- I am a Mardi Gras Indian Tribe member.
- I am a Mardi Gras Indian Krewe member.
- I am a Social Aid and Pleasure Club member.
- I am a Brass Band member.
- I attend Mardi Gras parades.
- I create/wear a costume on Mardi Gras day.
- Please state any other forms of participation\_\_\_\_\_.
- I do not participate in any Mardi Gras celebrations.

**Please check to confirm that you have completed the following required forms:**

- Medical Concerns and Physical Limitations form:
- Media Release form:
- Designated Adult Pick-Up form
- Scholarship form

Enrollment Fee: \$100.00

Payment Method (please circle one):      Check      Money Order

Please make checks and money orders payable to Xavier University.

**Note: Application will not be processed without all of the required forms.**

**Enrollment is limited to 20 students. Submitting an application does not guarantee acceptance into the program. Xavier reserves the right to cancel or alter the camp program should circumstances warrant. Students will spend up to 80% of their time developing hand-sewing skills. Please consider your child's needs and interests before enrolling her/him in the camp.**

Return completed registration form by email, fax or mail to: Rashida Ferdinand, CAP Director

**email:** [rferdina@xula.edu](mailto:rferdina@xula.edu) **fax:** 504.520.7949

**mail:** XU Department of Art, CAP, 1 Drexel Drive, Box 137, New Orleans, LA 70125

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Media Release

Xavier University will be documenting the Mardi Gras Indian Arts Program to document the progress of the project, report its success to funders and sponsors, and promote the work of its Community Art Program and Department of Art.

I hereby grant Xavier University permission to record my child's image, likeness and/or voice for use on its website and by television, film, radio, printed media, publications, etc. I hereby release Xavier University from any and all claims on its usage.

**Parent/Guardian Name (PRINT)**

**Student Name**

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**Signature**

**Date**

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### Medical Concerns and Physical Limitations

- My child does not have any medical concerns or physical limitations of which Xavier University should be aware.

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- My child does have medical concerns or physical limitations of which Xavier University should be aware.

Please specify in the lines below the medical concerns and physical limitations of your child. Please state any medications your child will need to take during camp hours of 9:00am to 3:00pm.

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**Parent/Guardian Name (PRINT)**

**Student Name**

**Signature**

**Date**

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## Scholarship Request

The Community Arts Program will provide a limited number of scholarships for students with the greatest need. All financial information will be held in the strictest of confidence. For the scholarship request to be reviewed, total household income must be verified.

Please attach:

- 1) a copy of your most recent tax return to this scholarship request form.
- 2) If you have not filed a tax return, please attach either a copy of your W2 form or a letter from your employer on official company letterhead verifying your income.

Please list all other sources of income and the amounts as follows:

- |                                       |          |
|---------------------------------------|----------|
| 1) public assistance                  | \$ _____ |
| 2) child support                      | \$ _____ |
| 3) alimony                            | \$ _____ |
| 4) social security                    | \$ _____ |
| 5) other(state name of income source) | \$ _____ |

How many persons in your household are dependent on this income? \_\_\_\_\_

Describe any special circumstances that you consider relevant (medical bills, recent change in family circumstances, etc.). Use an additional sheet if you need more space.

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**Parent/Guardian Name (PRINT)**

**Student Name**

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**Parent/Guardian Signature**

**Date**

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**Designated Adult Pick-up Form**

I understand that my child will only be released from Xavier University to adults designated on this form. The person picking up my child must show picture identification. If changes need to be made to this list, I am responsible for making the updates to this form. I understand that no verbal changes will be accepted and all revisions must be made in writing.

The following individuals are designated to pick-up my child from the Xavier University Mardi Gras Indian Summer Camp:

Adult # 1 Name	Relationship to Child
Phone Number	Address

Adult # 2 Name	Relationship to Child
Phone Number	Address

Adult # 3 Name	Relationship to Child
Phone Number	Address

Adult # 4 Name	Relationship to Child
Phone Number	Address

<b>Parent/Guardian Name (PRINT)</b>	<b>Student Name</b>
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<b>Signature</b>	<b>Date</b>
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