



# Community Arts Experience, Inc.

*"Empowering Individuals for the Future"*

**2022 / 2023**

## Adult Enrollment/Registration Packet

### **C.A.E. OF PENNSYLVANIA (CORPORATE HQ)**

#### CORPORATE OFFICE

927 Lee Ave., Lower Level, Farrell, PA 16121

**PHONE:** (866) 961.2239 • **EMAIL:** info@CAEWW.com • **WEBSITE:** www.CAEWW.com

#### ARTS ACADEMY & SPORTS COMPLEX

Robert E. Chavers Community Center - 211 Federal St., Upper Level, Farrell, PA 16121

**PHONE:** (866) 961.2239 ext. 7 • **EMAIL:** aasc@CAEWW.com • **WEBSITE:** www.CAEWW.com/complex

### **C.A.E. OF CENTRAL OHIO BRANCH**

P.O. Box 71, Westerville Ohio 43086

Main Office: (866) 961.2239 ext. 6

caeofceoh@CAEWW.com

### **C.A.E. of NE OHIO SATELLITE**

50 Pearl Street SE, Massillon Ohio 44646

Main Office: (866) 961.2239 ext. 6

caeofneoh@CAEWW.com



/caeworldwide

**YOUTUBE:** www.youtube.com/communityartsexperience

## PROGRAM POLICIES

### Enrollment:

- A completed *Enrollment/Registration* and signed *Blanket Release Form* must be returned to your instructor by the **first day of class**.
- Enrollment is limited in some of our programs so there may be a waiting list.
- Participants will be contacted by C.A.E. to inform you if there is an available spot in the program if on waiting list.
- Registrants are required to participate in programs a minimum of one day a week.
- A one-time \$\_\_\_\_\_ enrollment fee is to be paid before class begins. No additional fees will be charged for any \*eligible participant; unless specified otherwise (program/project additional activity supply expenses, field trips, etc.). Scholarships are made available on a first come, first served basis.
- Participants will not be discriminated against based on income, race, gender, religion, ethnicity, or disability.

### Attend all Classes You Sign Up For:

- All programs are not drop-in programs.
- All participants must attend all sessions that they are signed up for.
- If you must leave early or if you do not attend the sessions, you must give the class instructor a note BEFORE the session you will miss. If three un-excused sessions are missed within an eight week period, the participant will automatically be dropped from the program.

### Behavior Policy:

- **Participants may not use alcohol, tobacco, or illegal substances on C.A.E. premises.** Participants are not allowed to carry, display or draw any unauthorized weapons while in any C.A.E facility. Doing so will be a reason for the staff to notify police.
- **Participants are expected to show and display respect and cooperation** with all program staff, instructors, volunteers, and other participants at all times.
- **Arrive on-Time:** All participants are expected to arrive on time.
- **Sign-In / Sign-Out and Announcements:** All participants are required to sign-in, sign-out, and be present for announcements.
- **If a participant or group of participants are conducting themselves in such a way as to disturb others during session, they will be asked to settle down or to leave.** If their conduct continues, C.A.E. staff may contact the local police. Such behavior includes, but is not limited to: loud talking, running, shoving, throwing things, physical, verbal or sexual harassment, sexual activity and/or contact or threats. Habitual offenders will not be allowed back without the permission of the Chief Learning Officer (Ms. LaShay Nixon) or Lead Mentor/Instructor. Participants who harass staff members are subject to the same measures as those who disturb other participants. While participants may be warned that their behavior can require a police visit, C.A.E. staff do not need to inform Participants that the police have been contacted.
- **Participants are asked not to enter non-public areas of C.A.E.,** such as staff work rooms, offices and storage areas, without first contacting a staff member for their safety.

### **Dismissal:**

- Participants are required to stay until the end of the session.
- If a participant has a special circumstance and needs to leave early, the participant must receive permission from the class instructor. If participant must be released early on a regular basis, participant must fill out an *Early Release Form* and return it to the class instructor.

### **Technology:**

C.A.E. uses the Slack workspace application. A Slack workspace is made up of "channels" where students and C.A.E. instructors, partner members, and students can communicate and work together. When you join a workspace, you will create an account using your email address. You can use the same email address to join as many workspaces as you'd like, but you will have separate Slack accounts for each one.

Technology courses are provided by C.A.E. once a month for participants to become more familiar with Slack and any additional computer or cloud-based software platforms. Training dates and resources are listed in the **#training** Slack channel. You will also have access to request support within C.A.E.'s Slack channel **#help**.

To accept an invitation and join CAE's Slack workspace, please see the instructions below:

#### ❖ **Accept An Invitation To Join CAE's workspace:**

To join a workspace you've been invited to, you'll need to accept the invitation and set up a Slack account for that workspace:

CAE's invitation link: <https://bit.ly/joincaewwslack>

##### *Desktop:*

1. Check your inbox for an email invitation from Slack.
2. Click **Join Now**.
3. Enter your full name and a password, then click **Create Account**

##### *Mobile/iOS:*

1. Download the [Slack app for iOS](#).
2. Check your mobile inbox for an email invitation from Slack.
3. Tap **Join Now**.
4. Enter your full name and password, then tap **Next**.

##### *Mobile/Android:*

1. Download the [Slack app for Android](#).
2. Check your mobile inbox for an email invitation from Slack.
3. Tap **Join Now**.
4. Enter your full name and tap **Next**.
5. Create a password and tap **Next**.

#### ❖ **Join CAE's workspace:**

1. **From your desktop**, visit <https://slack.com/signin>.
2. Enter your email address (we suggest using your work email address). Then click **Continue**.
3. Check your email for a confirmation code from Slack and enter it.
4. Below **Accept an invitation**, click **Join** next to the workspace you'd like to join.

## PARTICIPANT ENROLLMENT FORM

Please complete this form in its entirety and return to the office. This form is required for participation in all C.A.E. programming.

**Participant's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **ZipCode** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Gender:** Female  / Male  / Choose Not To Answer       Birth date: \_\_\_\_\_

**Ethnicity** (*Circle all that apply*): Alaskan | American Indian | Asian | Black/African American | Cuban | Hispanic | Mexican | Puerto Rican | White/Caucasian

**Financial Information** (*Complete ONLY if applying for Financial Assistance*):

*I declare that the financial information made in this application is subject to investigation and that any false or dishonest answer may be grounds for denial of enrollment. (Parent/Guardian Initials)* \_\_\_\_\_

Total number of members residing within the home \_\_\_\_\_ Net Monthly Income (\$) \_\_\_\_\_

### **Emergency Contact**

In case of emergency, please notify:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## PARTICIPANT BLANKET RELEASE

Participants, please read carefully, sign, and return this form to the Lead Instructor. A signature on this form is required to participate in C.A.E. programming.

### FOR EMERGENCY TREATMENT

I authorize C.A.E. to arrange for transportation in case of an accident or acute illness. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of my health and well-being. I understand that any cost incurred for the treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment are given to C.A.E. in conjunction with any authorized event.

**I Authorize** (Parent/Guardian Initials) \_\_\_\_\_ **I DO NOT Authorize** (Parent/Guardian Initials) \_\_\_\_\_

### GENERAL RELEASE OF LIABILITY

In consideration of being allowed participant privileges in any program of C.A.E., I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless C.A.E., their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of C.A.E., partners, directors, officers, employees, agents, and volunteers is binding on me and not my heirs, personal representatives, successors, and assigns.

**I Agree** (Parent/Guardian Initials) \_\_\_\_\_

### MEDIA RELEASE

I hereby consent to the use of \_\_\_\_\_/child's name, likeness, and speech in an audiotape, videotape, internet, film or photograph made in any C.A.E. program activity for the business or publicity purposes of the C.A.E. program and its partners. I understand that any participation offers no remuneration and that my child's name, likeness, and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad.

I expressly release C.A.E., its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of the broadcast, exhibition, publication, or promotion of this program.

**I Consent:** (Parent/Guardian Initials) \_\_\_\_\_ **I DO NOT Consent:** (Parent/Guardian Initials) \_\_\_\_\_

\_\_\_\_\_  
Parent/ Legal Guardian Printed Name

\_\_\_\_\_  
Parent/ Legal Guardian Signature  
Or Participant if 18 years

\_\_\_\_\_  
Date

# Expected Behavior Contract

## Community Arts Experience, Inc. (C.A.E.)

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### Our Goals:

We will succeed if we create an environment where everyone gets to be who they are. To do this we will need to maintain certain boundaries so that fun times are fun for everyone and more serious times are shared by everyone.

### Our Expectations:

#### *Be responsible...*

- Be on time. If you are going to be late for any reason, let a leader know beforehand.
- Clean up after yourself before going home.
- Everyone present at C.A.E. is expected to participate in planned activities.

#### *Be respectful...*

- Always treat fellow classmates, visitors, leaders, and any guest speakers and instructors with dignity and respect.
- All viewpoints are to be listened to carefully and responded to in a courteous fashion. At no time should offensive comments be made about anyone or her/his opinions.
- Do not physically or verbally abuse others. This means that under no circumstances should you bully, hit, gossip about, throw something at, or make fun of another person.
- Taking another person's property is unacceptable unless express permission has been given to you by the owner of the object (i.e. cell phones, tablets, etc.)
- All cell phones/electronic devices should be turned off or on silent during all activities unless otherwise stated.

#### *Be safe...*

- Alcohol, drugs, tobacco, weapons, or fireworks are NOT allowed on C.A.E. premises.

By signing this document, you agree to abide by the above expectations. Participants who choose not to sign this document will not be permitted to participate in any C.A.E. activity or program.

Participant Signature: \_\_\_\_\_

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

## C.A.E. STAFF CONTACT INFORMATION

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### CORPORATE STAFF: *PENNSYLVANIA BRANCH LOCATION*

**Rev. B.J. Pleasant**, Founder & Chief Executive Officer

Email: b.pleasant@CAEWW.com

**(866) 961.2239 ext. 1**

**Ms. Miah Bickley**, Chief Operations Officer

Email: m.bickley@CAEWW.com

**(866) 961.2239 ext. 2**

**Ms. LaShay Nixon**, Chief Learning Officer

Email: l.nixon@CAEWW.com

**(866) 961.2239 ext. 5**

**Ms. Dianna Newby**, Director of Community Engagement

Email: d.newby@CAEWW.com

**(866) 961.2239 ext. 3**

**Mr. James Hubbard**, C.A.E. Sports Coordinator

Email: j.hubbard@CAEWW.com

**(866) 961.2239 ext. 9**

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**STUDENT CALL-OFF PHONE NUMBER:**

**(866) 961.2239 ext. 8**

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