



McLean County

ARTIST 2017 APPLICATION

Please print and return by February 15th

Artist Name _____ Age _____ Date of Birth _____

School _____ Male Female

Artist E-mail: (please print clearly) _____

Home Phone # _____ Artist Cell Phone # _____

CAN WE TEXT CELL # Yes No

Mailing Address _____ City _____ Zip _____

Parent/Guardian names: **Primary contact – check one**

____ Mother/Guardian _____

Mother/Guardian Cell phone _____ work phone _____

CAN WE TEXT CELL # Yes No

Mother/Guardian email: _____

____ Father/Guardian _____

Father/Guardian Cell phone _____ work phone _____

CAN WE TEXT CELL # Yes No

Father/Guardian email: _____

Emergency contact: Name _____ Phone # _____

Non parent Emergency Contact

Conflicts: "X" out all conflict dates known at this time. All dates in **BOLD** are required.

M A R

A P R

M A Y

S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	FEB 28	1	2	3	4								1	30	1	2	3	4	5	6
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13
12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27
26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31			

J U N E

S	M	T	W	T	F	S
				1	2	3
4						

Applications can be scanned and emailed to penguinprojectmclean@gmail.com, or dropped off at *Bloomington Parks & Rec office: 115 E Washington St, Bloomington, IL 61701* or *Lincoln Leisure Center: 1206 S Lee St, Bloomington, IL 61701* during business hours.

Please Tell Us About Your Child...

Diagnosis/Disability: _____

Allergies that could need medical attention during rehearsals: _____

Medical Concerns (Seizures, Asthma, etc): _____

Behaviors that may need attention during rehearsals: _____

Reading Level: _____

Are you willing/able to practice their role requirements at home? YES NO

Has he/she ever spoken or read in front of a group? YES NO

Has he/she ever performed in front of a group? YES NO

Has he/she ever sung in front of a group? YES NO

Can he/she walk across the room on his/her own? YES NO

Does he/she use a walking device? YES NO

If in a wheelchair, can he/she wheel across the room? YES NO

Can he/she talk clearly in sentences or phrases? YES NO

Can he/she use sign language? YES NO

Does he/she use an electronic communication system? YES NO

Will he/she need any modifications to succeed in their role? YES NO

If so, what? _____

Are there any things that are “unique” to your child that we should be aware of? YES NO

Do you have any tips for helping make this season the most successful yet for your child?

I agree that my child will abide by the attendance and discipline policies of the Penguin Project of McLean County.

Signature of Parent(s)/Guardians(s):

_____ Date _____

_____ Date _____