

2021-2022 Chiku Awali Registration Form

1. Last Name: _____ First Name: _____

2. AGE _____ BIRTHDAY _____ (MM/DD/YYYY)

3. Address: _____ City: _____ State: _____ Zip Code: _____

4. Home Phone: _____ Cell Phone: _____ Email _____

EMERGENCY CONTACT NAME AND TELEPHONE _____

5. I WISH TO REGISTER FOR THE FOLLOWING: (PLEASE CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> AFRICAN DANCE 3-6 YEAR OLDS | <input type="checkbox"/> AFRICAN DANCE CHILDREN 7-12 YEAR OLDS |
| <input type="checkbox"/> AFRICAN DANCE ADULTS, TEENS | <input type="checkbox"/> THE BROAD PROJECT |
| <input type="checkbox"/> JEMBE DRUMMING | <input type="checkbox"/> RITES OF PASSAGE |
| <input type="checkbox"/> EXCELLENCE CLUB | <input type="checkbox"/> FAMILY ACTIVITIES |

6. PLEASE SELECT YOUR MEMBERSHIP CATEGORY:

CHILD, SENIOR, AND COLLEGE STUDENT MEMBERSHIP \$20.00

ADULT MEMBERSHIP \$30.00

FAMILY MEMBERSHIP \$50.00

Without Membership classes are \$15 Per Class for Adults and \$9 for Children, Teens Seniors, and College Students with ID. Payment is due at each class.

With membership classes are \$10 per class for Adults; \$7 for Children, Teens, and Seniors; and \$5 for College Students with ID. If you are income eligible bases on the table on the next page, classes are free after the payment of membership. Membership also entitles you to discounts for Chiku Awali tickets to events, workshops, outside trips etc. The first year membership entitles you to a Chiku Awali T-shirt (2 for family membership) while supplies last. Membership is paid annually in September.

7. Race Category: White Black/African American Asian
(Pick One) American Indian/Alaskan Native Native American Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native & White Asian & White
 Black/African American & White
 American Indian/Alaskan Native & Black/African American
 Other Multi-Racial

8. Hispanic Ethnicity: Yes No

9. Single Headed Household: Yes No – (If Yes: Male Female)

10. Military Veteran: Yes No

11. Over 62 years old: Yes No

12. Disability: Yes No Person with special needs: Yes No

The reverse side of this form must be signed

13. We offer free and reduced fee dance classes to Rockland County residents who are income eligible. Membership is required. Attach a copy of your 2020 income tax statement (Form 1040) or submit a form 4506-T to the IRS and submit the transcript of your income statement to Chiku Awali. Complete the table below to determine your eligibility. **Step 1 - Circle the Number of Persons in your Household. Step 2 - Circle your Household Income Range (under the number you already circled in Step 1 above.)**

NUMBER OF PERSONS IN YOUR HOUSEHOLD (Pending 2020 AMI)

2017 AMI* EFFECTIVE 3/8/2017	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
0% - 30%	\$0- 22,500	\$0- 25,200	\$0- 28,350	\$0- 31,500	\$0- 34,500	\$0- 36,550	\$0- 39,100	\$0- 42,380
31% - 50%	\$22,501- 36,750	\$25,201- 42,000	\$28,351- 47,250	\$31,501- 52,500	\$34,501- 56,700	\$36,551- 60,900	\$39,101- 65,100	\$42,381- 69,300
51% - 80%	\$36,751- 58,450	\$42,001- 66,800	\$47,251- 75,150	\$52,501- 83,450	\$56,701- 90,150	\$60,901- 96,850	\$65,101- 103,500	\$69,301- 110,200
Over 80%	\$58,451 +	\$66,801 +	\$75,151 +	\$83,451 +	\$90,151 +	\$96,851 +	\$103,501 +	\$110,201 +

*The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline. Consequently, the 30% AMI may equal the 50% AMI.

I hereby certify that the information included on this form is correct to the best of my knowledge and that such information may be subject to verification by representatives of the County of Rockland and/or the United States Department of Housing and Urban Development for purposes of meeting the federal requirements of the Community Development Block Grant (CDBG) program, the Home Investment Partnerships Act (HOME) program, and/or the Emergency Solutions Grant (ESG) program.

Further, on behalf of my minor child or myself, I understand that Chiku Awali African Dance, Arts & Culture, Inc., will not assume responsibility should an accident occur as a result of dancing, drumming, playing any instrument, or transportation services proffered by Chiku Awali. I understand that participation in Chiku Awali activities involves physical activity, and consequently may result in injury. In such a case, I agree not to hold Chiku Awali African Dance, Arts & Culture, Inc. liable for any such injury to my child or myself. I acknowledge that I am, or if giving consent on behalf of my child attest that he/she is, physically fit and able to participate in physical activity. I also consent to being photograph, video-taped or interviewed, or giving consent on behalf of my child to being photograph, video-taped or interviewed by the media or Chiku Awali for publicity purposes. I also give blanket consent for my child to attend field trips sponsored by Chiku Awali unaccompanied by me.

I am not income eligible and will pay the required fees for program services: Initial Here _____

I have reviewed the rules and regulations of Chiku Awali online: Yes _____ No _____

MAY WE LIST YOU AND YOUR FAMILY MEMBERS IN OUR PUBLISHED DIRECTORY _____

Signature: _____ Date _____

Parent signature if under 18 years old

Return this completed form to: info@chikuawali.org or Chiku Awali, 76 Ramapo Avenue, Suffern NY 10901
To pay use Cash App \$chikuawali; Zelle (845)729-0670 Alexandreena Dixon;
 Venmo @Alexandreena-Dixon; <https://www.chikuawali.org/donatepay.html>; or
 PayPal tafdixon@aol.com

❖ **PLEASE NOTE CLASSES ARE HELD AT LOUIS KURTZ CIVIC CENTER, 9 N. MAIN ST., SPRING VALLEY, NY**