



# ArtSTUDIO CLASSES 2009-2010

## Registration Form

Did your child attend 2008-09 Classes?  Yes, verify info on file  No, please complete form

(PRINT CLEARLY. Fill out a separate form for each child.)

SIBLING Reg Form attached

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ SCHOOL ART TEACHER: \_\_\_\_\_

PARENT #1 NAME: Mr. / Mrs. / Ms. \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT #1: CELL # \_\_\_\_\_ WORK #: \_\_\_\_\_ HOME #: \_\_\_\_\_

PARENT #2 NAME: Mr. / Mrs. / Ms. \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT #2: CELL # \_\_\_\_\_ WORK #: \_\_\_\_\_ HOME #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
# Street Apt.# City State Zip

EMERGENCY CONTACT: Mr. / Mrs. / Ms. \_\_\_\_\_

EMERGENCY PHONE #: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

YOUNG AT ART MEMBER: YES \_\_\_\_ NO \_\_\_\_ DATE OF EXPIRATION: \_\_\_\_\_ SAGE ID#: \_\_\_\_\_

**PARENT HAS SIGNED & RETURNED ART INSTITUTE AGREEMENT:** DATE: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_

- ArtSTUDIO (Tuition includes material fee)  
 (DROP OFF) CLASS TUITION \$180 M/ \$200 NM  
 EXTENDED CARE \$80 M/ \$100 NM  
 BUDDING ARTISTS TUITION \$150 M /\$165 NM  
 FAMILY MASTERPIECE TUITION \$36 M/ \$40 NM Date: \_\_\_\_\_

- FAMILY MEMBERSHIP  
 YEARLY FEE (2 adults & 4 children) \$75

SES	DAY	CLASS	TIME	EXTENDED CARE optional	TOTAL FEE	DEPOSIT AMOUNT	DEPOSIT DATE	BALANCE DUE	BALANCE DATE
					\$				
					\$				
					\$				
					\$				
					\$				

PAYMENT METHOD  
 CHECK #: \_\_\_\_\_ Make check payable to: Young At Art Children's Museum

CC #: \_\_\_\_\_ AMEX / MC / VISA EXP DATE: \_\_\_\_\_

FOR INFO OR REGISTRATION: **CALL** 954-424-0085 x 10 or 27, **VISIT** [www.youngatartmuseum.org](http://www.youngatartmuseum.org) **MAIL TO** 11584 W. S.R. 84 Davie, FL 33325

ORIGINAL DATE OF REGISTRATION: \_\_\_\_\_ STAFF MEMBER NAME: \_\_\_\_\_



# ArtSTUDIO CLASSES 2009-2010

## Agreement: Museum Copy

**Please initial each space below and sign bottom.**

\_\_\_\_ AGE REQUIREMENTS

Children must turn the minimum age requirement on or before the first day of session.

\_\_\_\_ PAYMENT

A 50% deposit is required; per child, per session; to reserve a space in class. Balance is due on the first day of session. All deposits and payments are NON-REFUNDABLE. No Refunds, transfers or make-ups for absence withdrawal or cancellation. A minimum of 5 students must be registered for class to run.

\_\_\_\_ DROP OFF/PICK UP POLICY

Parents must park their car and walk into museum to sign student in and out. Students dropped off before 3:55pm and picked up after 5:35pm will be automatically charged for extended care at a rate of \$10.00 per day.

\_\_\_\_ EXTENDED CARE

Extended care students dropped off before 2:25pm and picked up after 6:05pm will be automatically charged \$5.00 plus \$1.00 per minute.

\_\_\_\_ PHOTO RELEASE

I authorize Young At Art Children's Museum to take photographs of my child/children and their art work for marketing purposes. I give permission for these pictures to be used in the museum's printed materials, including advertisements, brochures, flyers and websites.

\_\_\_\_ BEHAVIOR AGREEMENT

1<sup>st</sup> offense – Verbal warning  
2<sup>nd</sup> offense – Teacher/child conference  
3<sup>rd</sup> offense – Parent notification via phone, written notice or in person by the Director.  
4<sup>th</sup> offense – Possible suspension or expulsion from Young At Art Programs  
*Any action committed by a child that could or does result in injury to themselves, other campers, volunteers or staff will result in immediate expulsion from Young At Art Programs. No refunds are given if child is dismissed due to behavior issues!*

\_\_\_\_ MEDICAL EMERGENCY

In the event of an extreme medical emergency, Young At Art staff will contact emergency medical personnel and will then contact the child's parent or guardian. Based on medical personnel's assessment, your child may be transported to a local hospital to receive further medical attention. Emergency Medical personnel will not honor requests to take children to specific hospitals, doctors or medical establishments.

\_\_\_\_ MEDICAL INFORMATION

List any specific illness or social, emotional or behavioral problems? \_\_\_\_\_

List any allergies that your child has (food, medicines, insects, etc.)? \_\_\_\_\_

\_\_\_\_ IMMUNIZATION

All children named on this agreement are fully immunized.

\_\_\_\_ ARTWORK

All artwork left after the last day of class must be picked up within 1 week. Call to schedule an appointment with your child's teacher.

I - including my spouse or other members of my family, do hereby release and hold harmless Young At Art Children's Museum, its employees, board members and related parties from all liability for lost and stolen personal items, injuries or losses as a result of attending and/or participating in any class, program, tour or other function of the museum and hereby consent to the camp rules, guidelines and agreement.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# ArtSTUDIO CLASSES 2009-2010

## Agreement: **Parent Copy**

**Please keep on file.**

### AGE REQUIREMENTS

Children must turn the minimum age requirement on or before the first day of session of registration.

### PAYMENT

A 50% deposit is required; per child, per session; to reserve a space in class. Balance is due on the first day of session. All deposits and payments are NON-REFUNDABLE. No Refunds, transfers or make-ups for absence withdrawal or cancellation.

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_