



Young At Art

Children's Museum



2008-09 Davie Registration Form

Did your child attend 2007-2008 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: _____

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 STUDIO AGREEMENT: DATE: _____ **STAFF INITIALS:** _____

- Davie ArtSTUDIO & ArtSTART** (Tuition includes material fee)
 STUDIO (DROP OFF) CLASS TUITION \$180 M/\$200 NM
 ART START (FAMILY CLASS) TUITION \$135 M/\$150 NM

- MUSEUM FAMILY MEMBERSHIP**
 YEARLY FEE (2 adults & 4 children) \$65

SES/ MTH	DAY	CLASS	TIME	AGE	TOTAL FEE	DEPOSIT AMOUNT	DEPOSIT DATE	BALANCE DUE	BALANCE DATE	PAYMENT NOTES
					\$	\$		\$		
					\$	\$		\$		
					\$	\$		\$		
					\$	\$		\$		
					\$	\$		\$		
					\$	\$		\$		
					\$	\$		\$		
					\$	\$		\$		

PAYMENT METHOD

CHECK #: _____ Make check payable to: Young At Art Children's Museum
 C C #: _____ AMEX / MC / VISA EXP DATE: _____

FOR INFO OR REGISTRATION: CALL 954-424-0085 x 10 or 27, **VISIT** www.youngatartmuseum.org **MAILTO** 11584 W. S.R. 84 Davie, FL 33325

ORIGINAL DATE OF REGISTRATION: _____ **STAFF MEMBER NAME:** _____

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.

_____ 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 website.

_____ BEHAVIOR AGREEMENT

1st offense – Verbal warning

2nd offense – Teacher/child conference

3rd offense – Parent notification via phone, written notice or in person by the Director.

4th 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 and 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 _____

Agreement: Parent Copy

Parent please keep on file.

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

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