



ArtSTART TRANSITION 2008-2009 Registration 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#: _____

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

I authorize Young At Art Children's Museum to charge the CREDIT CARD ON FILE each month on due date. _____

FOR OFFICE USE ONLY

PARENT HAS SIGNED & RETURNED ART INSTITUTE AGREEMENT: DATE: _____ STAFF INITIALS: _____

\$300/ Month MEMBERS (note expiration date above)

\$350/ Month NON-MEMBERS

MONTH	PAYMENT AMT	DATE PAID	PAYMENT NOTES
SEPT 08	\$		
OCT 08	\$		
NOV 08	\$		
DEC 08	\$		
JAN 09	\$		
FEB 09	\$		
MAR 09	\$		
APR 09	\$		
MAY 09	\$		

PAYMENT METHOD

CHECK #: _____ Make check payable to: Young At Art Children's Museum

C C #: _____ AMEX / MC / VISA EXP DATE: _____



ArtSTART TRANSITION 2008-2009

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. Children must be potty trained.

_____ PAYMENT

Monthly tuition is due the first of each month. Pare

_____ DROP OFF/PICK UP POLICY

Parents must park their car and walk into museum to sign student in and out. Students picked up after 12:05 pm will be charged \$5.00 plus \$1.00 per minute late.

_____ 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 _____



ArtSTART TRANSITION 2008-2009

Agreement: Parent Copy

Please keep on file.

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PAYMENT

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