

ART PARTNERS STUDIO Registration & Permissions Form (2 Pages)

- This form must be completed, signed, and submitted to APS one week prior to the start of any class or camp.
- This form must be completed and signed by **a parent/guardian** if the student is under the age of 18.
- **Be sure to fill out both sides and return to:** Art Partners Studio, 545 East Lincoln Highway, Coatesville, PA 19320

Student's Name _____ Date of Birth _____

School _____ Grade in September _____

Home Address _____

City, State, Zip _____ Township _____

Primary Guardian _____ Relationship to Student _____ Email _____

Phone (Home) _____ Phone (Cell) _____ Phone (Work) _____

Additional Guardian _____ Relationship to Student _____ Email _____

Phone (Home) _____ Phone (Cell) _____ Phone (Work) _____

Camps/classes you would like to attend (attach another sheet if necessary):

Camp/Class Name _____ Fee _____ Dates _____

Camp/Class Name _____ Fee _____ Dates _____

List others we may contact in case of an emergency or who have permission to pick up your child (include all telephone numbers)

Name _____ Relationship to Student _____ Phone(s) _____

Name _____ Relationship to Student _____ Phone(s) _____

Name _____ Relationship to Student _____ Phone(s) _____

Physician's Name _____ Location _____ Telephone _____

Other Permissions — Please initial and sign below.

____ I agree to pay all outstanding balances 7 days prior to the start of each camp, class or workshop.

____ I understand that classes cannot be pro-rated and that there are no refunds for days not attended.

____ Camp refunds are granted if a written request is received one week before the start of camp. A \$50 refund processing fee will be charged.

____ I give permission to photograph my child and/or their artwork for use in Studio print or media promotion.

____ I give permission for my child to walk to program activities in the City with artist instructors. Parents would receive prior notice of any trip.

____ I give my permission for my child(ren) to walk home from Studio programs.

____ I understand that the Studio is only responsible for my child(ren) during camp & that I am responsible for the timely drop-off/pick-up my child.

Parent or Guardian's Signature _____ Relationship _____

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Does your child have any medical conditions or allergies? Please be as specific as possible.

Does your child have special needs or any known learning differences we should know about? Please be as specific as possible.

If your child has an IEP, what should we know so we can provide them with a positive ART experience?

As Art Partners Studio (APS) is not able to provide environmentally secure premises or programs for IEP students. I understand that support staff in the form of parental supervision or a professional aide must be provided and that APS reserves the right to review enrollment at any point after the beginning of a camp, class, or session.

Parent or Guardian's Signature

Relationship

EPI-PENS, INHALERS & INSULIN NEEDS. Studio staff is NOT PERMITTED to administer medications to students. Students are responsible and must keep medication needed with them. However, information re: the necessary medications will be helpful for APS staff and we request that parents or guardians discuss issues and provide information ONE WEEK prior to any camp or class.

Parent or Guardian's Signature

Relationship

MEDICATIONS. Please list and describe medication that your child is taking or may need in an emergency and contact staff ONE WEEK prior to the start of any session to discuss your child's condition.

Medications:

In the case of superficial cuts and scrapes, I authorize Art Partners Studio personnel to help the student clean the wound and, if necessary, apply a topical antibiotic such as Neosporin.

Parent or Guardian's Signature

Relationship

Check here if you **do not** want the Studio to clean the wound and/or apply any topical medications.

MEDICAL ATTENTION. Please be assured that Art Partners Studio takes every precaution to care for your child. If we are unable to reach anyone listed above, we need your authorization to have your child receive medical attention, if it should prove necessary. I hereby authorize Art Partners Studio to have my child receive emergency care in the event that no person named above can be reached. This care may include travel by ambulance to the hospital emergency room.

Parent or Guardian's Signature

Relationship

THANK YOU! Please call (610) 384 3030 if you have any questions.