

Barbara A. Wood Academy of Art
Class Registration & Waiver Form
One set of forms (4 pages) per student – please print clearly

Name of student: _____ Preferred name to use: _____

Name of Parent or Guardian: _____ Relationship: _____

Home address: _____

City: _____ Zip: _____

Home phone: _____ Cell: _____

Email Address: _____

Child/Youth Section

Age : _____ Current Grade: _____ School: _____

Authorized to Pick up Child:

(persons NOT listed below will not be allowed to pick up students under 15 years of age without previously approved arrangements.)

Name: _____ Relationship _____ phone _____

Name: _____ Relationship _____ phone _____

Name: _____ Relationship _____ phone _____

Emergency contact:

Name: _____ Relationship _____ phone _____

Name: _____ Relationship _____ phone _____

Pertinent medical information: _____

Please list which class you would like to enroll in plus an alternate:

First Choice : Day of the Week _____ Class Time: _____

Second Choice: Day of the Week _____ Class Time: _____

If preferred class is full – please put on waiting list

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Absences/Make-up Classes: In the event a student misses a class, the student will have the opportunity to attend a learning session in another age appropriate class within two weeks from the date of absence. Attendance in the make-up class has to be scheduled by the student or guardian, approval is dependent upon space availability in the desired class.

Tuition Refund Policy:

Tuition Refunds are based upon the following schedule and time frames:

- 15 days or more prior to first class – 90% of tuition will be refunded
- 1 to 14 days prior to first class – 75% of tuition will be refunded
- 1 to 6 days after first scheduled class – 25% of tuition will be refunded
- 7 days or more after first scheduled class – no refund

Payment Options:

Children/Youth Course - 8 weekly 90-minute classes

First Child Tuition Rate

- Paid in Full (\$200.00) - Payable by check or Credit/Debit card
 - Paid in 2 equal installments of \$110.00 each – only credit/debit cards accepted for Installment payments
- OR

Additional Child Rate

- Paid in Full (\$180.00)
- Paid in 2 equal installments \$100.00 each

Adult Tuition – 8 weekly 3-hour classes

- Paid in Full (\$300.00) - Payable by check or credit/debit card
- Paid in 2 equal installments \$160.00 each – only credit/debit cards accepted for Installment payments

Payment Mode:

Check made payable to the **Barbara A. Wood Academy of Art** Amount attached: \$ _____

Credit Card: Visa MasterCard Discover Amex

Credit Card Number: _____ Exp. _____ CVV code _____

Payment in Full OR Two equal installments
1st installment due now – 2nd installment will be automatically charged 4th week of session

I have read, understand and agree to the above attendance, tuition and payment terms to the Barbara A. Wood Academy of Art.

Child's name (if applicable) _____

Signature of responsible adult _____ Date _____

Print name of responsible adult _____ Relationship: _____

Barbara A. Wood Academy of Art Class Registration & Waiver Form

Photographs of students and their creative work will sometimes be taken by the Barbara A. Wood Academy of Art for publicity purposes. The Academy requires that each person registering for a class submit a signed release form indicating approval or non-approval.

I hereby grant the Barbara A. Wood Academy of Art and its employees the right to photograph the student and to use pictures, silhouettes, and other reproductions of the student's physical likeness, as well as reproductions of artistic works created by the student during Academy classes. Reproductions may include, but are not limited to, the use of still camera photographs in connection with publication, exhibition, and/or publicity for the Barbara A. Wood Academy of Art. No payment is to be made to the student for the rights granted above.

I grant permission in consideration of the student's admission to this program, and I understand that it is legally binding.

I do not approve of the use of any student photographs or art reproductions to be used connection with publication, exhibition, and/or publicity for the Barbara A. Wood Academy of Art.

Name (print) _____ Relationship: _____

Name (signature) _____ Date: _____

Barbara A. Wood Academy of Art
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The Barbara A. Wood Academy of Art
LIABILITY WAIVER

The Barbara A. Wood Academy of Art and its employees are equipped to look after children only during the time that they are participating in regularly scheduled classes. We provide supervision for children during drop-off and pick-up times, 15 minutes before classes start and 15 minutes after class ends. Children must be taken directly to their classroom no earlier than 15 minutes before the start of class. At end of class - each child will be kept in their classroom until an authorized adult listed in this application arrives to pick them up – we ask that you please come no later than 15 minutes after the end of class. We cannot offer extended care for children, nor can we accept responsibility for them, beyond the stated times. Parents are required to sign this form in acknowledgment of their awareness, understanding, and acceptance of this policy.

In the event a child is picked up later than 15 minutes after the end of their scheduled class, the parent or guardian will be assessed a payment of \$5.00 for every 10 minutes they are late. Please make every effort to pick your child up on time. If you are going to be late, please call the Academy to let us know, and so we in turn can let your child know when you will be arriving.

I understand that the Barbara A. Wood Academy of Art cannot supervise or care for students registered for Academy classes outside of their regularly scheduled class hours.

I hereby release the Barbara A. Wood Academy of Art, its employees, and associates from all responsibility for my child's care outside of his/her regularly scheduled class hours.

I accept full liability for any injury or damage incurred by my child or myself to the Barbara A. Wood Academy of Art, its employees, or its collections during any time that my child or I am attending or on the premises of the Barbara A Wood Academy of Art.

I sign this agreement in consideration of my own and/or my child's admission to the Barbara A. Wood Academy of Art, and I understand that it is legally binding.

Child's name (if applicable) _____

Signature of responsible adult _____ Date _____

Print name of responsible adult _____ Relationship: _____