



Art summer camp- Registration Form 2018

Date:

Child's name:

Age:

Parent's name:

E-mail:

Address:

Home phone:

Mother's work phone:

Cell Phone:

Father's work phone:

Cell Phone:

Person picking up child:

Relationship:

Emergency contact other than parent:

Name:

Phone:

Relationship:

Is child presently taking any medication?

Yes or No

Does child suffer from any medical condition?

Yes or No

If yes, please describe:



Please, circle the week/s of your choice and mark if it's full day or half day.

Weeks:

11/Jun – 18/Jun – 25/Jun-	FULL DAY	HALF Day.....
2/Jul –9/Jul – 16/Jul- 24/Jul	FULL DAY	HALF Day.....
23/Jul – 30/Jul -6/Aug- 13/Aug	FULL DAY	HALF Day.....

By signing bellow you acknowledge that you understand and agree to all the following:

-Payment is due in full or before the start date. There will be no refund. The fun palette not prorate tuition for classes that the student cannot attend.

- **Cancellation- Make Up class:** If you need to reschedule a class, you must do so at least 48 hrs. before the start of your class by calling 786 272 5412. There is a 100% charge for a no show. Once booked, we do not reschedule make-up classes.

. **Late pickups:** After 4.20pm will be charge an extra charge of \$15 per day.

Release for use of photos: The fun palette may take photographs or video while in classrooms for educational, promotional, advertising purposes. I hereby freely and voluntary consent to the use and publication of my pictures at any time from this date until I revoke this consent in writing

Parent's Signature/ Date



ART SUMMER CAMP RELEASE FORM

We cannot wait to have your child join us this summer at The Fun Palette (“TFP”). Please take a moment to review this release and disclaimer so that your child’s wellbeing is accounted for. No camp registration will be considered complete and/or final, nor will any child be allowed to participate in camp at TFP, prior to receipt of this release. Please understand the following conditions apply to all campers, activities while at camp and attendance no exceptions.

1. Only a parent or legally recognized guardian may register a child for TFP Day Camp.
2. Participation in the Day Camp and its classes are at the risk and discretion of the parent or guardian enrolling the child. These activities include, but are not limited to painting, working with paints, jewelry making, working with jewelry making tools, ceramics, sewing, materials used for sewing, soap and candle making and products materials used for same.
3. TFP may not, and will not, administer any medication to any child. Any child that has a pre- existing condition requiring or a need for a prescribed medication, please ensure that these needs are met prior to or after camp hours.
4. Camp hours are day: 9am-4pm Monday through Friday or 1pm-4pm.
5. Any personal belongings or property of the enrolled camper or the parent/guardian who enter the premises of TFP remain the sole responsibility of the child, parent or guardian. TFP shall not be responsible for lost, stolen or damages belongings or property. **Emergency Release Agreement & Acknowledgement**

I, the undersigned certify that I am the parent or Guardian of the above named child. I do hereby consent to participation in TFP Day Camp by my child/ward. I

acknowledge that his/her participation is under the jurisdiction of the employees and owners of TFP. I currently know of no physical or mental condition that would impair my child's capability for full participation in camp activities as intended or expected.

I agree and understand that if an emergency or illness occurs while your child is on the premises of TFP, if the staff determines the situation is dangerous, life threatening or otherwise potentially hazardous to my child, my child's health or any property, TFP may escort the child from the premises of the building, only after contacting or attempting to contact me or the emergency contact as provided below first. TFP may at that time request any personal (including emergency contact, family or guardian), governmental or professional assistance that is deemed necessary to alleviate the situation and protect the welfare of the child.

I further agree to hold harmless and release TFP from any loss, liability, damage or cost, including court costs and attorney's fees that they might incur due to my child's involvement or participation in the day camp at TFP and related events and activities whether caused by negligence of the employees or owner of TFP or otherwise.

I expressly acknowledge this release is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that this release shall be governed by and interpreted in accordance with the laws of the State of Florida, and venue for any legal proceeding or law suit shall be in Dade County. I agree that in the event that any clause or provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release which shall continue to be enforceable.

..... Date

..... Print name

Emergency contact:

Physician contact:

Signature