



199 US Rt 7, PO Box 369, Milton, VT 05468

Home School Art Program Registration Form

Parent / Guardian Name _____ Today's Date: _____

Mailing Address _____

Family Email Address _____

Phones (Home) _____ (Cell) _____ (Work) _____

Emergency Contact _____ Phone _____

Name of Student	Birth date	Date & Title of Unit	Class Fee
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Special Concerns / Needs: Do any of the above students have any emotional, physical, medical or behavioral problems that might affect him/her during art class? If so, please explain here.

Photos: I authorize my child's art to be displayed in the gallery and that it and the child can be photographed for promotional purposes. ☐

Registration Policy: Students are registered when paid in full and Registration, Health Information and Waiver of Liability forms are received and deemed complete.

Last day to register: Five days prior to Unit start date.

Each student must have a completed Registration Kit on file with the MAG to participate.

Cancellation Policy: I understand that classes that are cancelled due to inclement weather or instructor illness may be rescheduled. I understand that if I need to cancel attendance for myself or my minor child to a Program, Workshop, Special Event, or Camp, that I must do so by telephone or email to the coordinator, no later than 9:00 pm FIVE DAYS prior to the scheduled start date to receive a refund. I understand no refunds will be granted after five days prior to start time of Program, Workshop, Special Event, or Camp except in cases of medical or family emergencies but may be eligible for transfer. (A student illness may not necessarily qualify as a medical emergency.) I will notify the MAG as soon as possible should I need to cancel.

If a Program, Workshop, Special Event, or Camp is cancelled due to insufficient registration a full refund will be issued for that Program, Workshop, Special Event, or Camp.

Unless otherwise indicated by the instructor or staff member all artwork created during classes must be picked up after the class session. The MAG is not responsible for art work left at the facility over 14 days after class completion.

I have completed the Program Participation Packet for each student I am enrolling _____

Signed _____ Date _____

Parent / Guardian



Program Pricing:

All materials are included unless otherwise noted.

Each Unit consists of five, 2 hour classes. Only one discount may be applied per semester.

Regular price per Unit: \$ 135.00

Early Bird (Registered and paid prior to July 26, 2018) per Unit: \$ 120.00

Sibling Rate is offered for siblings of a full price, (\$ 135.00,) student: \$ 120.00

Full Semester, (3 Units per student): \$ 330.00

-Payment plan available for Full Semester only: \$ 220.00 to register, \$ 110.00 due Oct 12, 2018

MAG Staff Use:

Students per family: _____

Rec'd _____ Completed Health forms, (one each student)

Rec'd _____ Signed Liability Waiver (one per family)

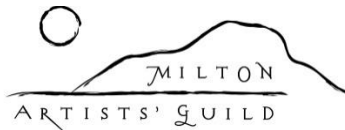
Rec'd _____ Registration from (one per family)

Rec'd Payment of \$ _____ by: Cash Check # _____ Card (circle please)

Given 2018 Program Handout _____

Given Post Card of Dates _____

Initials: _____



Home School Art Program Health Form

Date: _____

Participant Name _____ DOB _____

Age _____ Sex F / M _____
Last First

Home Address: _____
Street Town St Zip

Physician: _____ Office Phone: _____

Health Insurance Co. _____ Policy / ID # _____

Parent / Guardian (1) _____ cell _____ home /wk _____

Parent/Guardian (2) _____ cell _____ home/wk _____

In an Emergency please notify:

Name: _____ Relationship _____

Cell _____ Home _____ Work _____

Health History

Check all allergies participant may have and briefly describe reaction:

___ Insect stings / bites _____ ___ Animals/ Pets _____

___ Asthma (allergy induced) _____ ___ Food (Wheat/ Nuts) _____

___ Hay Fever _____ ___ Penicillin _____

___ Other _____

Check Below if participant currently has or has had any of the following:

Condition:	Past	Currently Has
Heart Defect / Disease	_____	_____
Diabetes	_____	_____
Hypertension	_____	_____
Epilepsy	_____	_____
Bleeding /Clotting Disorders	_____	_____
Asthma	_____	_____
Other: _____	_____	_____

Continued on back

Health History, Continued

Complete the following:

a. Are there any specific activities to be encouraged, limited or avoided? ___YES ___NO

If yes, please explain: _____

b. Does participant have a current tetanus shot? ___YES ___NO Date of shot: __/__/__

c. List current medications (please send with directions to be administered during class): _____

d. Do you/your child have any special dietary considerations? ___YES ___NO

If yes, please provide detailed information: _____

e. Provide any other important health related information about yourself/your child: _____

Read and sign the following:

This health history provided in this document is correct so far as I know. I understand that participation in this program and classroom activities is entirely voluntary. I understand that the program may involve exposure to artist's paints, fibers and other materials. Although the safety and wellbeing of the participants is our top priority, (volunteers, consultants, and staff) will not be responsible for and will be forever RELEASED from any injury(ies), claims, and/or any other liability arising from one's attendance and participation in the art programs put forth by the Milton Artists' Guild. By signing this Waiver you affirm that you have decided to allow your child to participate in programs and services provided by the Milton Artists' Guild with the full knowledge that the Milton Artists' Guild, it's volunteers, consultants, and staff will not be liable to anyone for personal injuries and property damage your child or you may suffer while at The Milton Artists' Guild or in attendance at its programing. I understand all staff will use caution and all reasonable means to prevent over exposure and poisoning. I know and understand the risks and dangers involved in the above-named activities and I know and understand that unanticipated dangers might arise. Field trip staff will do everything possible to minimize potential hazard or risk.

Parent / Guardian name

Parent / Guardian Signature

Date