

Youth Education Classes 2017/2018 Registration Form PLEASE PRINT CLEARLY

Child's name	D	ate of Birth	C	Child's Age
Address		ity/State		
		E-Mail		
Phone Parent/Guardian				
Address (if different than student)				
Emergency contact (other than n	arent)		Phone	
Emergency contact (other than parent) Phone Allergies Current medications				
Other Posting and Left (in aboding a soid and behavioral assurance)				
Other Pertinent Info (including social and behavioral concerns)				
List all other persons authorized to pick up your child:				
Name	Phone	Relat	ionship	
Name	Phone	Relat	101181110	
Name	Phone	Relat	ionshipionship	
Name Name Name Drop off procedure: On the first day of class, p	Phone	Relat		
facilities or personnel to care for your child when he/she is not in class. For your child's safety: If the regular parent or guardian will not be picking up your child, please provide advanced signed written permission for the release of your child to another adult's custody. Also please provide signed written permission for the release of your child if she/he is to be allowed to walk or bike home from the Center for the Arts. Attendance policy: If your child is going to be absent, please notify the front desk, 239-495-8989. Medications, First Aid and Safety: If your child needs to take a prescribed medication, please see our front desk personnel. Medications will be kept under lock and key and dispensed by a staff member according to parent/guardian's written instructions. Toilet Training Policy: It is our policy that all children must be tollet trained before entering programs (Mommy & Me class is the only exception). This also means no Pull Ups. Children must be able to clean themselves without teacher assistance. If your child has a bowel movement or urinates in his/her pants during class you will be called to come and clean your child and proteid clean clothes. Please know that this is for health, safety and legal concerns to protect both your child and the teacher. Medical Issues: For your child's protection in the case of any medical issues, parents will always be notified via cell phone, and, in an emergency 911. It is important we have a primary and secondary emergency cell number for your child. I, the undersigned, will indemnify and hold harmless the Center for the Arts of Bonita Springs, its employees, volunteers and any other representatives, of and from any and all claims, demands, actions, causes of actions and suits at law or in equity for and on account of any injuries, damages or accidents sustained by me (or my child) while participating in or being a spectator of any activity or event sponsored by the Center for the Arts of Bonita Springs, its mployees, volunteers and any other repres				
Class Title	Class Code	Week		Tuition
Class Till	Class Cout	VVCCK		Tutton
PAYMENT Visa Mastercard	☐ Cash ☐ Check #	Cancellation/Transfer/Defend	Total	t us know at least a week price to
American Express Cancellation/Transfer/Refund Policy for Classes: Please let us know at leas the start date of a class if you are going to cancel or transfer out of a class. All				
Card #		incur a \$10 fee. There is a 25% fee		- ·
Security Code: Expir	of course. For refund requests after course begins, there is a 50% refund of remaining sessions in course. NO REFUNDS OR TRANSFERS AFTER FINAL COURSE SESSION.			