



Fun With the Arts Spring 2012



Please complete the following information:

Name of Youth _____
 Parent or Legal Guardian _____ Relationship: _____
 Address _____
 City _____ State _____ Zip Code _____
 Day Phone _____ Night _____ Cell _____
 EMAIL: _____

EMERGENCY CONTACT/PHONE NUMBER: _____
 Youth's Birth Date _____ Age _____ Grade as of Fall 2011 _____
 School _____

BILLING CONTACT INFO: Name: _____
BILLING ADDRESS: _____

Authorization to Transport

The names listed below are authorized to drop-off and pick-up my child from the After-School Program.

Name of Parent(s)/Guardian: _____

Other individuals authorized to transport:

_____	_____	_____
RELATIONSHIP TO CHILD	NAME	PHONE
_____	_____	_____
RELATIONSHIP TO CHILD	NAME	PHONE
_____	_____	_____
RELATIONSHIP TO CHILD	NAME	PHONE

If there is anyone who is absolutely not allowed to pick up student please list below:

_____	_____
Name	Relationship

If someone is to pick up the student other than those previously listed, the parent / guardian MUST notify the Hub Schools by phone and / or send a note stating the individual's name. Persons picking up the child MUST show identification & sign an authorization form before claiming the child.

_____	_____
Parent / Guardian Signature	Date

TRANSPORTATION FROM MADISON COUNTY ELEMENTARY SCHOOLS TO THE HUB SCHOOL WILL BE PROVIDED BY MADISON COUNTY SCHOOLS TRANSPORTATION DEPARTMENT.
WILL YOUR CHILD NEED TRANSPORTATION? YES ___ NO ___

PARENTS OF STUDENTS ATTENDING MODEL LABORATORY SCHOOL, BEREA COMMUNITY, SAINT MARK CATHOLIC SCHOOL OR STUDENTS WHO ARE HOME-SCHOOLED WILL NEED TO ARRANGE THEIR OWN TRANSPORTATION.

I, _____, hereby contract with the Richmond Area Arts Council (RAAC) to allow my child to participate in RAAC's After-School Program. In exchange for and in consideration for allowing my child's enrollment, I agree to the following terms and conditions: (Please initial each section as completed)

_____ 1. I will pay RAAC the sum of \$_____ this semester. This enrollment fee is payable in monthly installments following the initial deposit due at the time the contract is established. I understand that RAAC's **enrollment is limited and that in exchange for RAAC reserving one of these spots for my child, that the entire semester's cost is due to RAAC regardless of whether my child attends any or all of the classes or chooses to withdraw prior to the end of the semester for any reason.**

DEPOSIT DUE: _____ DEPOSIT PAID: _____ FEB: _____ MAR: _____ APR: _____

A 3% discount is offered if tuition is paid in full at registration. All tuition for the fall semester must be paid by November 15 in order to enroll in classes for the spring semester. All spring semester classes must be paid by **April 15**. If tuition is not paid in a timely manner, your child will not be permitted to attend classes until tuition is paid. Credit card payments received via Google Checkout will be charged a small processing fee.

2. Total tuition is based on classes selected and additional material fees. All tuition from previous programs must be paid in full before a child can enroll in a new semester. All Fall tuition is due by December 15, 2011.

A LATE FEE OF \$20.00 PER MONTH WILL BE ADDED TO DELINQUENT ACCOUNTS(30+ Days PAST DUE.)

3. RAAC has the right to terminate my child's enrollment after the beginning of classes for any reason and at RAAC's sole discretion, including, but not limited to, behavioral and/or social problems with my child. In the event of such termination, my semester enrollment fee shall still be due in full.

4. RAAC has the right to terminate my child's enrollment in the event that overall enrollment is insufficient in RAAC's sole opinion to support a given program. In such an event, the enrollment fee shall be refundable.

5. In the event that RAAC must institute a legal action against me to enforce this contract, I agree to pay any and all legal fees and court costs incurred in so doing.

Signature _____ Printed Name _____

Child's Name _____ Date _____

Emergency Medical Consent for Treatment of Minors

_____ In the event of a medical emergency related to the minor child listed below, I hereby request Pattie A. Clay Hospital to contact me at the telephone number(s) listed below. In the event I, or my spouse, are unavailable, I hereby give my written consent to Pattie A. Clay Hospital, or any other hospital, to render whatever emergency medical care may be deemed appropriate by the hospital's emergency medical staff, until I or my spouse can be contacted. The following providers are not employees of the hospitals, but are instead independently contracted to provide services for the patient, and are legally responsible for their actions: All physicians, including E.R. physicians, pathologists, technical and professional components, radiologists, anesthesiologist, and therapists.

Name of Minor: _____ Birth date: _____ Age: _____

Allergies: Medication(s): _____ Seasonal: _____

INCLUDING FOOD ALLERGIES: _____ MILK: _____ NUTS: _____

Medications Being Taken: _____

Date of last Tetanus Shot: _____ Date of last Immunizations: _____

Any Special Medical Conditions: _____

Parent or Legal Guardian: _____ Relationship: _____

(Note: Only parents or a legal guardian can authorize emergency medical treatment.)

AUTHORIZATION TO TREAT MINOR EMERGENCIES:

In the event that a minor emergency accident occurs that can be treated by RAAC staff (such as minor bruise, cut, abrasion, headache or stomach upset) do we have your approval to treat your child until you can arrive to transport your child. Y_ N_
(Treatment may include applying an ice pack, band-aids, antibacterial ointment, children's acetaminophen. You will be called immediately to make arrangements for treatment and your approval.) Administer: Children's Tylenol: Y_ N_ Antibacterial Ointment: Y_ N_

Name and phone number of family physician: _____

Signature of Parent / Guardian _____ Date _____ Relationship to Minor _____

Photo Release of Minors

_____ I understand that by enrolling my minor child, _____ in a RAAC program, he / she may be photographed. All photos will become the property of the RAAC and may be used in brochures, promotional materials and publicity items. All photos will be related to their involvement with the RAAC programming and will focus on the programming.

Signature of Parent/Guardian _____ Date _____

A current school picture can be given to RAAC for identification purposes, if so desired.

RAAC Program Policies

Late Policy

A \$5.00 charge will be assessed every 15 minutes past the ending time of each class. Payment is due when the child is picked up. All attendees should be picked up by 5:30. If a child has not been picked up 20 minutes after the deadline, another person authorized to transport will be contacted to claim the child. If you know you are going to be late, notify the RAAC staff to alleviate any concerns by your child, teachers and staff.

We encourage parents to **be prompt in picking up their children**. This not only helps the staff but the children as well. Children are sometimes frightened when they are left and their friends have gone home. Please arrive on time to get your child from class. If **tardiness** continues, there is a possibility **your child may be withdrawn from the program** at RAAC staff discretion. Thank you for your cooperation.

Discipline Policy

Common courtesy and compliance with the rules is expected of each student. If a student is continually disruptive, they may be **expelled** from the program without refund and remaining tuition will still be due.

Parent(s) Signature

Date

The following information is optional: This information is used for statistical purposes only. All programs, activities and services provided by the Richmond Area Arts Council are provided equally without regard to race, color, religion, national origin, age, sex, disability or ability to pay. The following information is requested, but not required. It's sole purpose is to enable the Richmond Area Arts Council to more accurately report audience attendance figures required by state funding agencies and to meet the information given to RAAC by its patrons, and is kept strictly confidential.

Please circle all that apply to the participating student:

African American Native American Asian Hispanic Caucasian Bi-Racial _____

Male Female Disabled: _____ Other _____

Parent/Guardian Signature

Parent/Guardian Printed Name

Date Signed