

Art Smart Academy Summer Enrollment 2017

(Please Complete Page 1 For Each Student)



Student's First Name: _____ Last Name: _____

Age _____ Boy or Girl? _____ Date of Birth: ____/____/____ 2016/2017 School Name _____

Parents or Guardian's Name(s): _____

Address: _____ Home Phone #: _____

Mother's Work Phone # _____ Father's Work Phone#: _____

Mother's Cell# _____ Father's Cell Phone#: _____

Person(s) authorized to pick up your child / Emergency Contacts: (Person must show picture I.D.)

Name: _____ Relationship: _____ Phone#: _____
Name: _____ Relationship: _____ Phone#: _____

Student lives with: ___ Father ___ Mother ___ Step Parents ___ Foster ___ Legal Guardian ___ Other

Primary Language: English Spanish Other: _____

Is your child under medical care or taking any medication(s)? Yes No

If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school?

- Bee Sting Allergy Epi-pen Yes No Other Allergies: _____
- Asthma Inhaler Yes No Special Needs / Disability: _____
- Diabetes Insulin Yes No Other: _____
- Vision / Hearing Glasses Yes No

Family Health Care: Physician's Name: _____ Phone #: _____

Address: _____ Medi-Cal: Yes No

Health Insurance# _____ Provide Name _____

In the event we are unable to contact you: Does the ASA After-School program have permission to contact emergency services to provide emergency care to your child(ren) Yes: _____ No: _____

Does the ASA After-School program have permission to use photos of your child in educational or promotional materials? (There is no cost.) Yes: _____ No: _____

FIELD-TRIP PERMISSION

I give Art Smart Academy After-School to take my child off-site for 8 Field-Trips through the Summer. Yes No

I am aware a \$55 Field-Trip Fee is assessed to cover these costs. Yes No

Parent or Guardian Signature: _____ Date: _____

For Office Use Only

Enroll Date: _____ Initials: _____

Date Dis-enrolled: _____ Reason: _____

FEES PAID Summer Field -Trip Yes No Kid Check Registered Yes No

Art Smart Academy Summer Enrollment 2017

FULL TIME SUMMER Auto Debit With drawl Form (8 Weeks=Full Time)

\$140 Weekly (\$50 Discount) 9 Weeks Paid In Full \$1260 (Get 2 weeks Free!)

We do not accept checks for Camps or After-School Tuition. Weekly Payments Debited Monday's 5pm EST.

PARENT NAME _____

PARENT PHONE _____ Cell _____ Wrk _____

PARENT EMAIL _____

Child(ren) Name _____ AGE _____

Child(ren) Name _____ AGE _____

Debit/Credit Card # _____ Exp Date _____ Sec Code _____ Zip _____

Draft Amount _____ Draft Date (Must be Monday's) _____

PLEASE GIVE 2 weeks to Discontinue Program

I Give Art Smart Academy Permission to Draft My Account/Credit Card as stated above.

PARENT SIGNATURE _____ DATE _____

GOT ART? T-Shirt Form (Add \$10 Each Shirt to the First Draft)

Child(ren) Name _____ SIZE: S,M,L _____

Child(ren) Name _____ SIZE: S,M,L _____

FEES: Please include a 1-Time Seasonal Supply & Field-Trip Fees of \$55 No Checks Will Be Accepted. Cash, Money Order or Debit/Credit Only Please. Wk Payments Debited Monday's 5pm EST. \$5 Daily Late Fee

LATE FEES: Drop-Off is 7:30 AM and Pick-Up is at 5:30 PM; Early Drop 7:00a-\$35/Late Stay 6:00p-\$35 Wk. **We have a 15 min "Grace Period". A \$15 Fee will be assessed for Staff Compensation after 15min.**

REFUND, ENROLLMENT STATUS & SAFETY POLICY:

I understand that Art Smart Academy After School Program is a Private Fine Art Program. When my child is absent from the program due to sickness, I will notify ASA Staff at 803.667.9912. If my child is absent due to an extended illness for any length of time longer than 2 days, Art Smart Academy After-School will hold enrollment status at no charge up to 1 week. After a week's time, Art Smart Academy will hold enrollment status at the rate of \$30 Per week per family. REFUNDS ARE OFFERED ON A CASE BY CASE BASIS & DISCRETION USED TO DETERMINE VALIDITY.

I understand in the event of family vacations, Art Smart Academy will hold enrollment status at the rate of \$30 Per week.

I am aware that ASA 's Student/Teacher ratio is 15:1 to ensure individualized care & instruction.

I understand in the event of a planned family move, I will give 30 days notice to discontinue ASA After-School. My child's enrollment will then be opened to those who may be on a waiting list.

I am aware ASA After-School uses 15 & 36 passenger buses to operate the shuttle service. A clean SLED and DMV driving record is required for all ASA Staff, along with Pre-employment drug screening. I am aware ASA staff are licensed and insured, over the age of 21 and all vehicles meet the required state and federal safety standards.

Parent or Guardian Signature: _____ Date: _____

PLEASE PRINT & RETURN THIS FORM IN PERSON TO ART SMART ACADEMY