

# Art Smart Academy 2023 Summer Enrollment

(Please Complete Page 1 For Each Student)



Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age \_\_\_\_ Boy or Girl?

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 2023/2024 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 during camp hours**

☐ Bee Sting Allergy Epi-pen ☐ Yes ☐ No ☐ Other Allergies: \_\_\_\_\_

☐ Asthma Inhaler ☐ Yes ☐ No ☐ Special Needs / Disability: \_\_\_\_\_ ☐ Diabetes Insulin ☐ Yes ☐ No

☐ Other: \_\_\_\_\_ ☐ Vision/Hearing or Glasses ☐ Yes ☐ No

**Family Health Care:** Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Medical: ☐ Yes ☐ No

Health Insurance # \_\_\_\_\_ Provider Name \_\_\_\_\_

In the event we are unable to contact you:

**Does Art Smart Academy have permission to contact emergency services to provide emergency care to your child(ren)**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Does Art Smart Academy 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 permission to take my child off-site for Field-Trips through the Summer. ☐ Yes ☐ No

I am aware a \$55 Field-Trip Fee is assessed to cover these costs. ☐ Yes ☐ No Children will not be able to stay in the studio during field-trips.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## For Office Use Only

Enroll Date \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date Dis-enrolled: \_\_\_\_\_ Reason: \_\_\_\_\_

FEES PAID Summer Field-Trip ☐ Yes ☐ No Enrollment Fee ☐ Yes ☐ No Kid Check Registered ☐ Yes ☐ No

# Art Smart Academy Summer Enrollment 2023

## FULL TIME SUMMER Auto Debit With-drawl Form (10 Weeks=Full Time)

### \$185 Weekly Saves \$550 in Tuition

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

PARENT NAME \_\_\_\_\_  
PARENT PHONE \_\_\_\_\_ Cell \_\_\_\_\_ Wk \_\_\_\_\_  
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. Weekly Payments Debited Monday's 5pm EST. **\$5 Daily Late Fee**

**LATE FEES:** Drop-Off is 8:00 AM and Pick-Up is at 5:30 PM; Early Drop 7:30a-\$35/Late Stay 6:00p-\$35 wk.  
**We have a 15 min "Grace Period". A \$15 Fee will be assessed for Staff Compensation after 15 min.**

### **REFUND, ENROLLMENT STATUS & SAFETY POLICY:**

I understand 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 \$35 Per week per family. REFUNDS ARE OFFERED ON A CASE BY CASE BASIS & DISCRETION USED TO DETERMINE VALIDITY.

I understand when on family vacation, Art Smart Academy will hold enrollment status at the rate of **\$35 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**