

Tabor Arts Center, Inc.

2011-2012 After School Arts Registration Form

Last Name: _____

Student Name: _____ New to the ASA Program? Yes No.

Street: _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: ____/____/____

School: _____ Grade Fall '11 _____

Mom: _____ Home Phone: _____

Home Address: _____ City: _____ Zip: _____

Employer/Occupation: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Dad: _____ Home Phone: _____

Home Address: _____ City: _____ Zip: _____

Employer/Occupation: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact Information (Other than parents)

1) Name: _____ Relation: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

2) Name: _____ Relation: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

You will be asked to sign your child out when you pick him/her up each day from After School Arts.

The following person(s) also have authorization to pick up the above named child.

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

3. Name: _____ Relation: _____ Phone: _____

4. Name: _____ Relation: _____ Phone: _____

Allergies: Foods/Medications to be avoided: _____

Please complete both sides →

Enrollment

Please check all days you plan on attending. **Please note Schedule subject to change**

| | | | | | |
|-----------------------|--|---|---|--|---|
| Grades K-4 | Monday Dance <input type="checkbox"/> | Tuesday Music <input type="checkbox"/> | Wednesday Drama <input type="checkbox"/> | Thursday Visiting Artist <input type="checkbox"/> | Friday Art <input type="checkbox"/> |
| Grades 5-8 | Monday Art <input type="checkbox"/> | Tuesday Visiting Artist <input type="checkbox"/> | Wednesday Visiting Artist <input type="checkbox"/> | Thursday Visiting Artist <input type="checkbox"/> | Friday Creative Writing <input type="checkbox"/> |

2011-2012 After School Arts Materials Fee

CONTINUING STUDENTS PLEASE RETURN YOUR FORM WITH THE APPROPRIATE REGISTRATION/MATERIALS FEE

FORMS RETURNED WITHOUT FEES DO NOT SERVE AS A RESERVATION For THE ASA PROGRAM

One Day=\$90.00 Registration/ Materials Fee

Four Days=\$145.00 Registration/Materials Fee

Two Days=\$125.00 Registration/Materials Fee

Five Days=\$155.00 Registration/Materials Fee

Three Days= \$135.00 Registration /Materials Fee

PHOTO RELEASE

I do do not give permission for photos of my child to be used in TCAC brochures, website, and/or other press.

Medical Permission / Release

In the case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event I cannot be reached, I hereby give permission to the physician attending my child to hospitalize, secure proper and necessary treatment for my son/daughter, as named herein.

I hereby waive and release Tabor Community Arts Center, Inc. from all claims of any kind arising out of the provision of emergency medical treatment for my son/daughter.

Signature of Parent or Guardian: _____

Acceptance of Financial Obligation

By Signing below, and/or by sending my child to TCAC , I understand I am entering into a contract for the entire school year, and that all days/classes must be paid for whether attended or missed. I also understand that if I decide to leave the program prior to the end of the school year my deposit will be forfeited. Monthly tuition is payable upon the 10th of the previous month. A late fee of \$25 is incurred if monthly tuition payments are not made on time. There is a \$40 fee for returned checks.

Name: _____ **Signature:** _____ **Date:** _____

If other than Parent / Guardian, Please provide contact information On front of form

Please return completed registration form to:

Tabor Arts Center, Inc • 45 Tabor Drive, Branford, CT 06405-5225

Forms received without the \$200.00 deposit (New students Only) will not be processed. and do not serve as a reservation of a student's place/time in the ASA program New Students pay both the Deposit and appropriate materials/registration fee.