



YAA MUSEUM PRESCHOOL
School Year 2017-2018
REGISTRATION FORM

OFFICE USE:
Data input

Children must attain the age of 3 by 9/1/17 and be fully toilet trained.

CHILD'S NAME: (First) (Last)

CHILD'S AGE as of September 1, 2017: DOB:

YAA MEMBER: YES NO EXPIRATION:

PARENT #1 NAME: Mr. / Mrs. / Ms. EMAIL:

CELL # WORK #: HOME #

PARENT #2 NAME: Mr. / Mrs. / Ms. EMAIL:

CELL # WORK #: HOME #

HOME ADDRESS: # Street Apt. # City State Zip

EMERGENCY CONTACT NAME (other than parents): Mr. / Mrs. / Ms.

EMERGENCY PHONE #: RELATIONSHIP TO STUDENT:

TUITION Member Pricing

Table with 3 columns: Fee Name, Cost, Date Due. Includes REGISTRATION FEE - ANNUAL and DEPOSIT.

VPK Program Options—all programs are 5 days a week

*** Must turn 4 by Sept. 1, 2017 ***

Table with 2 columns: Program Name, Cost. Lists VPK Only Morning, Afternoon, and Wrap-around sessions.

Preschool Program Options

*** Must turn 3 by Sept. 1, 2017 ***

Table with 4 columns: Program Name, 5 days a week (M-F), 3 days a week (M, W, F), 2 days a week (T, TH). Includes 1/2 day, Full day, Full + Extended Day, and Occasional Late Pick-Up.

FOR INFO: CALL: 954-424-5038 VISIT: www.youngatartmuseum.org MAIL: 751 SW 121st Ave., Suite 1, Davie, FL 33325
FAX: 954-473-8798 EMAIL: preschool@YoungAtArtMuseum.org

NOTES:

- Only annual enrollments are accepted.
- Monthly tuition is payable in advance of service and is due on the 1st of each month. Any monthly payment not made by the 5th of the month shall be assessed a late fee of \$35 every week that payment is late. You are responsible for payments each month regardless of the number of days missed whether from illness, vacation, or weather related problems.
- There are no refunds for non-attendance.

Discounted rates will apply to preschool children if you opt for our full year payment option or two payment option:

#1 Preschool (8:30-3:00) Full Payment	\$7,500 / year	8/1/17
#2 Preschool + Extended Day (8:00-6:00) Full Payment	\$10,000 / year	8/1/17
#3 Preschool (8:30-3:00) Two Payment	\$3,875 / twice a year	8/1/17 and 1/1/17
#4 Preschool + Extended Day (8:00 – 6:00) Two Payment	\$5,125 / twice a year	8/1/17 and 1/1/17

We accept Cash, Credit Cards or Checks. FAX to 954.473.8798

CREDIT CARD #: _____ **AMEX / DSCR/ MC / VISA** **EXP DATE:** _____ **SC:** _____

Name as it appears on credit card _____ **Signature** _____

Please initial each space below and sign bottom.

_____ AGE REQUIREMENTS

Children must attain the age of 3 by their first day of school and be fully toilet trained.

_____ PAYMENT

There are no refunds, transfers or make-ups for absence, withdrawals, no-shows, or dismissals.

_____ DROP OFF/PICK UP POLICY

Parents must park their car and walk into museum to sign student in and out. Students picked up after enrolled program dismissal will be charged \$5.00 plus \$1.00 per minute late.

_____ PHOTO RELEASE

I authorize Young At Art Museum to take photographs of my child/children and their art work for marketing purposes. I give permission for these pictures to be used in the museum's printed materials, including advertisements, brochures, flyers and website.

_____ BEHAVIOR AGREEMENT

1st offense – Send home an incident report with a written "1st offense warning".

2nd offense – Call a teacher/parent/director conference with a written "2nd offense warning".

3rd offense – Written notice that if there is one more offense child will be asked to leave school.

4th offense – Immediate removal* from Young At Art Museum Programs

Any action committed by a child that could or does result in injury to themselves, other children, volunteers or staff will result in immediate expulsion from Young At Art Programs. No refunds are given if child is dismissed due to behavior issues.

_____ MEDICAL EMERGENCY

In the event of an extreme medical emergency, Young At Art staff will contact emergency medical personnel and will then contact the child's parent or guardian. Based on medical personnel's assessment, your child may be transported to a local hospital to receive further medical attention. Emergency Medical personnel will not honor requests to take children to specific hospitals, doctors or medical establishments.

_____ MEDICAL INFORMATION

List any specific illness or social, emotional or behavioral problems?

List any allergies that your child has (food, medicines, insects, etc.)?

_____ IMMUNIZATION

All children named on this agreement are fully immunized.

_____ Children's WORK

All work left after the last day of class must be picked up within 1 week. Call to schedule an appointment with your child's teacher.

I, _____, including my spouse or other members of my family, do hereby release and hold harmless Young At Art Museum, its employees, board members and related parties from all liability for lost or stolen personal items, injuries or losses as a result of attending and/or participating in any class, program, tour or other function of the museum and hereby consent to the preschool rules, guidelines and agreement.

Parent Name _____

Parent Signature _____ Date _____

Please keep

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