

SPRING 2012 ARTS Registration Form

Child's Name _____ Date _____

Address (include zip code) _____

Cellular Number _____ Home Phone _____

Child's Birthday _____ Age as of 2/12 _____

Child's School _____ Grade as of 2/12 _____

Parent #1 Name and Work Number _____

Email _____

Parent #2 Name and Work Number _____

Email _____

Persons authorized to pick up your child (other than parents)

Name _____ Phone Number _____

Name _____ Phone Number _____

Important Medical Information (allergies, medical conditions, medicines taken, etc.)

Class	Day	Class Fee

↓		↓
Walkover/Bus Escort (\$50.00 per course day)	M T W Th F	

After hours (\$50.00 per course day)	M T W Th F	

Super Soccer Stars (must be paid in full)		
10% Sibling Discount		
TOTAL FEE DUE TO CAS		
TOTAL PAID		
BALANCE DUE		

You may pay by credit card (Mastercard, Visa, or Amex). Please fill out the following information. Please know that all information will be used only for ARTS payments.

Number _____

Expiration date _____ Security # (on back of card) _____

I authorize Children's Aid Society to process my credit card payment:

Print Name

Signature

Date

ARTS and AFTER SCHOOL PROGRAM POLICIES & RELEASES

***All registrations are first-come, first-served, unless otherwise noted. We do not save places in classes or automatically re-enroll your child in any program. Registration continues until classes are full.**

Payment must be made upon registering. All registrations require a deposit and the balance must be paid in full before February 6, 2012. *Unpaid balances after this date can cause you to lose your class reservation, especially in classes with waiting lists.

***Payment plans may be established and require post-dated checks for the full amount or a credit card on file. Any payments in such plans must be deposited to The Children's Aid Society before the last week of the semester. Exceptions will be made for those applying for tuition assistance.**

***Payment in full is due upon registering for Super Soccer Stars classes. Checks must be made out separately from fees paid to the Children's Aid Society. Any discounts and tuition assistance awards cannot be applied towards these classes.**

***We will issue a full refund if a class is dropped before the third week of the semester. Any refunds or class transfer fees after the third week are up to the discretion of the administration.**

***There are no make-up classes due to absences.**

***We reserve the right to cancel a class due to low enrollment.**

***We do not allow guests to attend classes.**

***Permission for your child(ren) to go home alone must be made in writing.**

***We will remove any child from the walkover/escorts who endangers the safety of others.**

***Notification is required if your child is absent from school and not able to participate in the walkover.**

***Your child MUST be picked up by 6pm if you choose the After Hours service. A late fee will be charged if your child is not picked up on time without notice.**

I have read and agreed to the ARTS AND AFTER SCHOOL PROGRAM policies.

Parent's Signature

Date

I give permission for the staff of The Children's Aid Society to provide or seek medical treatment in an emergency for my child.

Parent's Signature

Date

I give permission for The Children's Aid Society to take photographs, film/video, tape recordings of my child only for the express use of The Children's Aid Society in publicity and advertisements furthering the mission of the Society.

Parent's Signature

Date