



Aurora Images Art & Photography Studio

Student Enrollment and Release Form Start Date _____

Students Name: _____ DOB: _____ AGE: _____
will be participating in art classes held at the Aurora Images Art & Photography Studio. Tuition is \$100 per month. Classes are based on a monthly tuition and are not per diem based. The tuition provides students with 4ea, 2 hour class sessions per month. There is an additional supply fee of \$10 per month due at the time tuition is paid. **The full monthly tuition and supply fee are payable and due on the last class of each month, and no later than the 1st of each month prior to their participation. A \$25 late fee will be assessed if tuition remains unpaid on the 2nd day of each month. Any late fees assessed must be paid before the student will be permitted to attend class.** Failure to pay full Tuition by the 1st day of the month signifies the release of student's seat/place in his/her class.

INITIALS _____

Parent or Legal Guardian's Contact Information:

Parent or Legal Guardians Name: _____

Address: _____ City _____ State _____ Zip _____

Home (____) _____ Cell (____) _____ Work: (____) _____

Parent or Legal Guardian Spouse's Contact Name: _____

Address: _____ City _____ State _____ Zip _____

Home (____) _____ Cell (____) _____ Work: (____) _____

Emergency Contact Name _____

Home (____) _____ Cell (____) _____ Work: (____) _____

STUDIO POLICIES

1.) The studio will be closed on nationally recognized holidays (Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas Day, and New Year's Day). These closures are NOT eligible for proration of fees. If applicable, Student will be provided a make up class instead within the holiday month.

INITIALS _____

2.) If you know in advance that your student will be out at any time during the month, the studio must be notified prior to their tuition being paid. As a courtesy, the studio will consider proration of ONLY ONE (1) missed class per month, per student with advance notice, not including holidays. Payment is expected for the remaining classes in the month (\$75) whether or not your student attends 1 or 3 classes within the month. **INITIALS** _____

3.) If your child is going to be out for an extended period of time (1 or 2 months) the studio is unable hold your students spot without payment of 50% of the tuition (\$50 holding fee) for each month that will be missed. This "holding fee" is strictly for the purpose of holding your child's seat during their extended leave. This fee is not applicable to any tuition past, present or future. This fee must be paid in advance of the extended leave in order to hold your students spot. Upon return, normal tuition fees will still apply and must be paid in accordance with the terms listed above in Paragraph 1. Your student's seat will be considered a vacancy when these requirements are not met prior to the extended leave. If you wish your student be re-enrolled at the studio upon your return, you may contact the studio to determine availability of an opening. If no opening exists, your student's name can be placed on the waiting list for an available and suitable opening and you will be called once an opening is available. **INITIALS** _____

4.) If your student unexpectedly must miss a class during the month, the Studio must be notified by text or phone call no less than one hour prior to the start of class in order to be eligible for a make-up. The missed class MUST be made up within the same month it is missed contingent upon space being available or it will be forfeited. Make Ups are a courtesy and not a guarantee. Make ups are based on the availability of an opening, if no opening is available, the missed class may be a forfeiture. If a make-up spot is assigned/scheduled for your student and your student is a no show, the missed make up will NOT be rescheduled. The missed class and the missed make up class then become forfeitures: **INITIALS** _____

Confidential Medical Information:

Food or Medical Allergy(s)

Does participant take any medications regularly NO _____ YES _____ If YES, please describe the condition being treated and medication(s) type, dosage and frequency:

Does the participant use a rescue inhaler for asthma? NO _____ YES _____

Name: _____

Does student normally wear glasses for reading purposes? NO _____ YES _____.

Does participant have any chronic medical conditions, illness or physical limitations that might inhibit the ability to participate in art classes? NO _____ YES _____. If YES, please list below.

Medical Release

I understand that if I, (the student) or my minor child (the student) becomes ill or injured, the staff of Aurora Images Art Studio will direct me/student to be taken to a physician or hospital as the situation or occurrence may dictate. I hereby authorize emergency medical treatment for the above named registered participant in the event of any illness or injury sustained during participation in the Aurora Images Art Studio class. I hereby authorize any health-plan participating or non-participating physician, hospital or other health care provider to provide emergency medical care and I hereby authorize any treatment advised or recommended by the attending physician to the above named participant at no cost to Aurora Images Art Studio. I assume all financial responsibility and waive all claims or future claims against Aurora Images Art Studio, its owners, their family members, employees, their family members, agents, program participants and anyone else acting in any capacity on their behalf for any illness or injury sustained by the above- named participant. I, the undersigned, have read this medical authorization consent form and declare and affirm consent to the content herein stated.

Signature _____ Date _____

Photographic Release

I hereby authorize that photographs may be taken of the above registered participant and that such photographs may be published, including on the Aurora Images website on the internet and used to promote Aurora Images Art Studio. I also give permission to reproduce photographs taken of my/my minor child's artwork for promotional purposes.

Signature _____ Date _____

Communications

Email and text are the primary means of communication for the studio. We respect your privacy and never share your information without your consent. If you wish to stay informed in order to receive updates on classes, schedules, cancellations, closures and future events related to Aurora Images Art Studio, please provide your email address.

Email: _____

Required Signatures - Assumption of Liability

The safety of each participant is our highest priority. We take all reasonable precautions to ensure the physical and emotional safety of our class participants, however, as in any other experience, we cannot eliminate all risk. By signing the following statement you acknowledge that you understand the risks of your/your minor child's participation in the Aurora Images Art classes, and assume complete liability for your/your minor child's participation. By signing below you also certify that all statements made herein to be complete and true.

In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release Aurora Images Art Studio, its owners and their family members, employees, their family members, program participants, their agents and anyone else acting in any capacity on their behalf from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, arising from my or my minor child's participation in the Aurora Images Art Classes. I further agree to hold harmless and indemnify Aurora Images Art Studio, its owners and their family members, employees and their family members, program participants and its agents for all defense costs, including my attorney's fees and any other costs resulting in connection with my child's participation.

Signature _____ Date _____

Indicate Adult Student or Legal guardian of minor child

ED _____