

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____ / ____ / ____ Age: ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>
_____	_____
_____	_____
_____	_____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes __ No __ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes __ No __ If yes, explain: _____

Does your child require a special diet?

Yes __ No __ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Fruiggie Ancient Organic Crafts Studio or its Fruiggie Eco Art Summer Program will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

TUITION INFORMATION :

**Days: Monday-Friday
July 8, 2018-August 30, 2018**

**Time: 9am-4pm
(8:00am-9am Early Drop off/\$10 per day) *\$15 on the day of
(4pm-5:30pm Extended day/Late pick up/\$15 per day) *\$20 on the day of**

***\$35 Non-refundable Registration Fee**

Tuition:

5 Day	4 Day	3 Day
Full Day (9am-4pm):	Full Day (9am-4pm):	Full Day (9am-4pm):
\$450/Wk \$315/Wk (30% discount)	\$360/Wk \$252/Wk (30% discount)	\$270/Wk \$189/Wk (30% discount)

Deadlines:

- April 27, 2018 Last Day for Early Bird Special
- May 1, 2018 Last Day to cancel and receive refund
- June 1, 2018 Full tuition payment is required

Discounts available:

1. Receive 20% for Early Bird Special until March 31, 2019
2. Receive 10% off combined tuition when you refer a friend or family
3. Receive 10% off when registering full time for 4 or more weeks.
4. Receive \$100 sibling discount off tuition per child for each additional child in the same family. (Can not be combined with any other promo deals)

*Discounts can be combined as long as discount doesn't exceed 30%

*Scholarship recipients are not eligible for these discounts.

Payment plans:

- Deposit required to hold spot
- 3 month payment plan.
- Payment due the 1st of each month.

Please circle how you heard about the Fruiggie Eco Art Summer Program.

Walk-in _____ Website _____ School/Event (Please name) _____ Word of Mouth _____ Flyer _____
Online Advertisement _____ Print Advertisement _____ Other _____

Fruiggie Eco Art Summer Program

Please choose the following options:

<input type="checkbox"/> Week 1: July 8-July 12	Paper Making & Paper Mache	___ Early Drop Off: 8am-9am	___ Extended Day: 4pm-5:30pm
<input type="checkbox"/> Week 2: July 15-July 19	Painting & Printing	___ Early Drop Off: 8am-9am	___ Extended Day: 4pm-5:30pm
<input type="checkbox"/> Week 3: July 22-July 26	Ancient Arts & Crafts	___ Early Drop Off: 8am--9am	___ Extended Day: 4pm-5:30pm
<input type="checkbox"/> Week 4: July 29-August 2	DIY Musical Instruments around the World	___ Early Drop Off: 8am--9am	___ Extended Day: 4pm-5:30pm
<input type="checkbox"/> Week 5: August 5-August 9	DIY Nature Jewelry/ Accessory Making	___ Early Drop Off: 8am-9am	___ Extended Day: 4pm-5:30pm
<input type="checkbox"/> Week 6: August 12-August 16	DIY Kids Bedroom Decor	___ Early Drop Off: 8am-9am	___ Extended Day: 4pm-5:30pm
<input type="checkbox"/> Week 7: August 19-August 23	DIY Vegan Cooking Class	___ Early Drop Off: 8am-9am	___ Extended Day: 4pm-5:30pm
<input type="checkbox"/> Week 8: August 26-August 30	DIY School Supplies	___ Early Drop Off: 8am-9am	___ Extended Day: 4pm-5:30pm

Payment Options

Please check one:

1.

___ Credit Card ___ Master Card ___ Visa Card ___ Discover ___ Amex

Total amount to charge today: _____

Name on credit card: _____

Signature: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Date: _____

2.

___ Cash ___ Check ___ Paypal (Please note that a fee will be incurred unless
paid via friends and family.
Please also include PayPal email) _____

___ Scholarship

Terms of Agreement

Deposit and Payment Policy:

A non-refundable \$35 registration fee is required at the time of registration. A non-refundable \$250 Deposit is required to hold a seat. Full tuition payment is due on June 1, 2019. Remaining tuition payment received after that date will result in automatic cancellation of your child's enrollment in the program with a loss of all fees paid to date. Registrations received after June 1, 2019 is required to pay all fees and full tuition at the time of registration. Please contact 347-480-3223 for payment plans.

Refund and cancellation Policy:

Due to our small class size, cancellations must be made within the first week from your initial payment, up until May 1, 2019. Refunds will be issued for payment (excluding the \$250 deposit) for cancellations made within 1 week of registration in writing as long as the week doesn't exceed past May 1, 2019. No refunds will be permitted after May 1, 2019. Cancellations and changes made after May 1, 2019, will incur a late cancellation fee of \$35/day. Only credit will be granted for cancellation made on or after May 1, 2019, in which the credit will go towards another week (permitted the space is available) or future classes at Fruiggie Studio. No refunds or reduction of fees will be granted due to days missed, illness, absence, vacations, or change in family circumstance during the camp session.

Photo Release

I hereby give permission for my child to be photographed during the **Fruiggie Eco Art Summer Program**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Fruiggie Ancient Organic Crafts Studio and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Fruiggie Eco Art Summer Program** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

The Fruiggie Ancient Organic Crafts Studio and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____