

Center for Visual Artists Kidstudio: Art After-School

200 N. Davie St. Box 13
Greensboro, NC 27401
www.greensboroart.org
336.333.7475 Fax 336.333.7477

Date: _____
Primary Parent: _____

Address: _____
City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____ Email: _____

Place of Work: _____

**All emails are added to our "Education" mailing list for CVA program updates including summer art camp reminders*

Second Parent: _____
Phone: (H) _____ (C) _____ (W) _____

Place of Work: _____

Student's Name: _____ Age: _____ Birthdate: _____
(Please Circle) New Student Returning Student CVA Member? Yes No

Emergency Contact: _____ Phone: _____

Ride Permission:
1. _____ ph# _____
2. _____ ph# _____
3. _____ ph# _____

Only individuals listed under Ride Permission may pick-up your child. Please send a note if there are additions to this list or if your child has permission to wait downstairs unsupervised.

To the best of my knowledge, _____
(Child's Name)

Is able to carry on any and all of the activities in the CVA's Program. I agree to release from liability and agree to hold harmless the Center for Visual Artists, the United Arts Council of Greensboro, the Greensboro Cultural Center, and the City of Greensboro from any accidents that may occur when not under the Visual Artists' direct supervision.

I understand that the Center for Visual Artists' may take photographs/video during classes and will allow their use for publicity purposes.

I agree to the stipulations above,

Signature of Parent/Guardian Date

Health History:
Allergies: _____
Health Concerns/Recent Injuries: _____

Does your child need:
Medication: _____
Special Diet: _____

Special Needs: Please use this space to share with us any special health, behavioral, learning, or other needs your child might have. All information is confidential.

EMERGENCY INFORMATION

In case of an emergency, if the CVA's staff is unable to reach me by phone, or it is an emergency that appears to require immediate emergency medical assistance, I hereby give my permission for the Staff to contact 911 and secure treatment for my child as named above. **Physician to be called in case of emergency:**

Name _____ Phone _____

KIDSTUDIO SCHEDULE

Please Circle Your Program Preference: **STANDARD PROGRAM (3 - 6pm)** **MINI MASTERS (4 - 5:30pm)**

Please circle day(s) in which you would like to enroll your child: **MONDAYS TUESDAYS WEDNESDAYS THURSDAYS FRIDAYS**

Form of Payment: (Please circle)
Cash Check # _____
Credit AMEX VISA MC DISC
CC# _____ Exp. Date _____

Name as it appears on Credit Card

Become a CVA Member = \$60 / Annual Fee
Family Membership (up to 4 members)

DISCOUNTS:
1. 5 Day Discount: Sign up for all 5 days/week to receive 10% off monthly tuition. (3 days/week for Mini Masters)
2. CVA Member: 10% off monthly tuition.
3. Sibling Discount: Receive 10% off your monthly tuition for more than one child enrolled in program.

Fee Total _____
Discount _____
Membership _____
Registration Fee _____
TOTAL: _____

** Don't forget your Kidstudio Handbook for program details on payment, daily schedule, teacher workdays, etc.*

Registration

48-hour advanced registration is required for ALL classes, camps and workshops. Register early to avoid disappointment. You may register at the CVA in 4 ways:

BY MAIL – Fill out the registration form completely and mail with a check or credit card number to: Center for Visual Artists, 200 N. Davie St., Box 13, Greensboro, NC 27401.

BY FAX – Fax 24 hours a day (336.333.7477). Fill out the registration form completely with a credit card number or for safety purposes, write a day phone number and we will call you for payment once we receive your registration form.

IN PERSON – Register in person Monday - Friday, 10am - 5pm, at the CVA office located on the 4th floor of the Greensboro Cultural Center, Ste. 401.

ONLINE – Register at www.greensboroart.org/store. A \$5 processing fee is required for all online registration.

Classes are filled in the order registrations are received. The CVA will contact you to confirm registration when registration is received. The CVA may contact you with class reminders; however, it is the participant's responsibility to appear in class on the correct day and time without additional notice. Participants may not attend any class without registration on file.



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info@greensboroart.org / www.greensboroart.org

Program Cost

As a non-profit arts organization we offer memberships for individuals interested in supporting our organization. We show our gratitude for this support by offering discounted pricing to our members. With each of our programs we offer either a waved initial registration fee or price discount. In our pricing, M stands for "members" and NM for "nonmembers."

Payments

All payments MUST be paid at time of registration. A \$25 charge will be assessed to your balance for all returned checks. All online registrations require a \$5 processing fee.

Cancellation Policy

The CVA makes every effort to maintain the schedule of our classes. However, we reserve the right to cancel any class not meeting a minimum enrollment, combine classes, and to substitute faculty when necessary. Class cancellations are decided 3 business days prior to start date.

Participants who miss class on their own accord will not receive a refund or make-up opportunity.

Refunds & Credits

Fees are 100% refundable if the CVA cancels a class due to insufficient enrollment. Registrant cancellations are 100% transferable into another camp/credit or 50% refundable.

NO REFUNDS or CREDIT VOUCHERS will be issued after the class start date. Credit vouchers are good for one year from the issue date and must be present at time of use. Credit vouchers will not be re-issued due to loss.

Late Pick-Up Policy

A late pick-up fee of \$5 will be charged for children (under the age of 18) picked up after their class end time. Please make every effort to drop-off and pick-up your child on time.

Holidays & Inclement Weather Policy

The CVA and Cultural Arts Center are closed on all Greensboro city holidays. During the school year, the CVA follows the Guilford County School schedule, however, we do not follow all school closings due to inclement weather. Call for class cancellations.

By signing below, I am stating that I have read and understand the Center for Visual Artists Education Programs Policies and Procedures. This policy form must be signed and returned along with registration form.

 Signature of Participant OR Parent/Guardian (if participant is under the age of 18)

 Date