



# T.W. WOOD GALLERY

## A Museum of American Art

2018-2019

### AFTER SCHOOL ARTS ENROLLMENT CONTRACT

#### I. STUDENT ENROLLMENT & GUIDELINES

By signing this contract, I enroll \_\_\_\_\_ (the student), age \_\_\_\_\_, in the T. W. Wood Gallery After School Arts Program (ASA) and agree to the following guidelines:

- Program runs Monday thru Friday, September 4<sup>th</sup> to June 20<sup>th</sup> and otherwise follows the Montpelier school calendar including closures for weather.
- The monthly rate is due on the first of each month. Checks can be made payable to: T. W. Wood Gallery.
- **select one:**
  - 5 days weekly=\$325/month
  - 4 days weekly= \$265/month
  - 3 days weekly= \$205/month
  - 2 days weekly= \$135/month
  - 1 day weekly = \$70/month
- **select days to attend:**  M  T  W  Th  F
- The monthly rate is constant without compensation for weather closures, vacations, holidays, or absences.
- Drop-off time is between 3:00pm & 3:15pm. **Pick-up time is no later than 5:30pm.**
- Late pick-up fee for repeated incidents is \$10.00 with an additional \$5.00 for every 15 minutes after 5:45pm
- One month advance notice is required for contract changes.
- The Program Director, Ellis Jacobson, must be notified in advance of any absences or late arrivals by emailing [afterschoolarts.twood@gmail.com](mailto:afterschoolarts.twood@gmail.com) or calling the Gallery at 802-262-6035.
- A student may be released from the program if behavior is inconsistent with teacher expectations and safety concerns on a repeated basis.
- No child will be allowed to be picked-up by an adult other than a parent unless previously communicated to the program director.
- Children should bring a daily snack and appropriate outdoor clothing for the weather.

#### II. GENERAL INFORMATION

- I agree to notify the After School Arts Program in the event that there are any changes in this general information.
- Student's Address \_\_\_\_\_  
(Street, Town, State, Zip)
- 1. Name of Parent/Guardian \_\_\_\_\_  
Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_ Phone (c) \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_

Email Address \_\_\_\_\_

- 2. Name of Parent/Guardian \_\_\_\_\_

Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_ Phone (c) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Email Address \_\_\_\_\_

With whom does your child live? \_\_\_\_\_

- Please list all those who will be allowed to pick-up your child.

- I understand photographs or videos may be taken for publicity purposes. I give permission for my child's image to be used.  yes  no

- What school and grade does your child attend? \_\_\_\_\_

- Has your child been removed from any programs in the past and if so why?

### III. EMERGENCY CONTACT INFORMATION & MEDICAL INFORMATION

- I agree to notify the After School Arts Program in the event that there are any changes in the medical information.

- Does your child have any allergies? (Food, drug, insect, etc.) \_\_\_ Yes \_\_\_ No - If yes, please describe: \_\_\_\_\_

- Do you have any information that you would like us to be aware of?

- Doctor \_\_\_\_\_ Phone \_\_\_\_\_

- Dentist \_\_\_\_\_ Phone \_\_\_\_\_

- If your child is required to take medication during the Program hours you must contact the Program Director before your child starts the program to review the procedure.

### IV. RELEASE

- I hereby give permission for my child to participate in the After School Arts Program. I assume all risks and hazards, incidental to such participation. I hereby waive, release, absolve, indemnify, and agree to hold harmless the T.W. Wood Gallery and the After School Arts Program, their officers, agents, officials, employees, volunteers, the organizers, sponsors, supervisors and participants for any claim arising out of an injury to my child.

### V. MEDICAL RELEASE

- I authorize The T.W. Wood Gallery After School Arts Program to act in the place of parents or guardians of the student should any emergency medical or surgical treatment or hospitalization be required during the time this student is enrolled in the Program. It is understood that the Program and hospital authorities will make every effort to contact the parents or the Emergency Contact below before acting on this authorization.

- Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Signature of Parent/Guardian #1: Signature:

Date:

Signature of Parent/Guardian #2: Signature:

Date: