

Homeschool 2019-2020 Registration



Coral Springs Museum of Art
 2855A Coral Springs Drive
 Coral Springs, FL 33065
 954-340-5000
 coralspringsmuseum.org
 museuminfo@coralsprings.org

Primary Parent Name _____ Secondary Parent Name _____

Primary Phone _____ Secondary Phone _____

Address _____ City _____ State _____ Zip _____

Primary Email _____ Secondary Email _____

Child / Attendee Name _____ Age _____ Date of Birth _____

Authorized Pick Up #1 _____

Authorized Pick up #2 _____

Authorized Pick Up #3 _____

Emergency Contact _____ Emergency Phone _____

Medical Information/Allergies/Behaviors _____

Member Non-Member

Session/Month _____	Studio Class _____	Fee _____
Session/Month _____	Studio Class _____	Fee _____
Session/Month _____	Studio Class _____	Fee _____
Session/Month _____	Studio Class _____	Fee _____
Session/Month _____	Studio Class _____	Fee _____
Session/Month _____	Studio Class _____	Fee _____
Session/Month _____	Studio Class _____	Fee _____
Session/Month _____	Studio Class _____	Fee _____
Session/Month _____	Studio Class _____	Fee _____
Session/Month _____	Studio Class _____	Fee _____

Subtotal _____

\$15 Late registration fee, if applicable _____

Total _____

Registration is due 3 days prior to the date the session is set to begin. A \$15 late registration fee applies to all registrations submitted after that date.

Payment made by (circle)
 Cash Check Credit Card Other

Museum Use: Rec'd by _____
Donor Snap: _____
Comments: _____

Coral Springs Museum of Art Policies:

Classes run based on a minimum number of students enrolled. Because of this, the Museum reserves the right to cancel a class due to low enrollment or other circumstances which would make the class non-viable. In such circumstance, students will be notified of a Museum sanctioned cancellation.

Further, the Museum follows the Broward County and City of Coral Springs weather advisory for hazardous conditions and does not provide make-up classes due to such weather related closing or other emergency closings. For more information about the Museum's cancellation policy or for a copy of said policy, please call 954-340-5000 or visit www.coral Springs Museum of Art.org.

The Coral Springs Museum of Art provides classes that are taught by professional artist in their artistic discipline. At times, instructors announced for a specific class may change. To this end, the Museum does not allow for cancellations due to changes in instructors.

The deadline to register for any class is three (3) business days before the start of said class. Registration after this timeframe is subject to a \$15 late fee. All class fees must be paid in full at time of registration.

There is a \$40 assessment for all returned checks. Class fees cannot be prorated and are nonrefundable. No fee will be returned for failure to attend a class. Make-up classes are not offered.

Minor children must be dropped off and picked up by a parent or disclosed guardian in the Museum reception area and checked in by Museum personnel. **Photo ID is required to pick up your child.**

It is the responsibility of the parent or guardian of any minor child to inform the Museum, in writing, of any and all medical conditions, medications and/or allergies of said minor child.

Discounts are in place for members and noted as such per class offerings. Discounts for siblings and buddies are considered after the first child is registered at the regular member rate, each additional sibling will be provided with a \$5 per class discount.

The Coral Springs Museum of Art is not responsible for any artwork or personal items lost, stolen or left in the classrooms. Items left behind may be subject to disposal.

Please note that in case of sudden illness or misbehavior, an adult must be immediately available to pick up the child. The Coral Springs Museum of Art may dismiss a camper at any time should it determine that the conduct of the camper is not in the best interest of the Museum and the other children.

I, the undersigned have read each of the above mentioned Museum policies and agree to abide by same.

Signature _____

Date _____

Emergency Treatment Release: In the event of a serious illness, accident, or injury that would require medical attention, 911 will be called and my child may be taken to the nearest emergency center. My signature below indicates my permission for the Emergency Medical Staff to care for my child.

Hold Harmless: I agree to indemnify and hold harmless the Coral Springs Museum of Art from any claims, damages, losses, costs and expenses resulting from the participation of my child in Summer in the Studio Camps.

Promotional Photography Release:: I understand that the Coral Springs Museum of Art photographs camp classes for advertising purposes. I consent to the use of these photographs and images of my student's artworks without compensation YES – you may photograph my child NO - Do not photograph my child