



Program Participation Packet

Welcome! We are happy to welcome your child to our programs. This packet includes policy information and forms which will ensure the safety of all students. Completion of this packet is required for all children under 18 enrolled in ArtMuse programs. One completed Medical Information Form per minor is required. All forms must be received before or on the first day of class.

1. Class Registration (adult participant and minor participant.)
2. Emergency Contacts Form (adult participant and minor participant.)
3. Medical Information Form (adult participant and minor participant.)
4. Behavior & Pick Up/Child Release Policies (minor participant.)
5. Pick Up Authorization Form (minor participant.)
6. Publicity Consent Forms (adult participant and minor participant.)

Mail or deliver completed forms to:

ArtMuse LLC
123 South Main St.
Doylestown, PA 18901

General Information

For all classes students may bring a nut-free snack and a drink. Some classes may overlap lunch time, students may bring a nut free bagged lunch. Please provide your child with a snack and a drink each day if they are attending a class that is three or more hours long.

Smocks will be provided. Some art materials we will use in classes may stain clothing. Please dress appropriately for a possibly messy art class.

All materials are provided, with the exception of some class. A material list will be provided for these classes

Class cancellations due to inclement weather or unexpected circumstances will follow Central Bucks School Closing and will be listed in the following ways:

An email will be sent out to enrolled students.

Information will be posted on the ArtMuse website (www.artmusepa.com) and Facebook page.

Please note that classes will be automatically canceled up to 5:00 p.m. based on the Central Bucks School District.

Students in classes meeting off-site will be contacted directly by their instructor.

You did such good work, please pick up your artwork. ArtMuse is not responsible for student artwork left at our facility over 14 days after a class has been completed.

Thank you for joining us! Cannot wait to see what you create!



Class Registration Form

Participants Name _____ First _____ Last _____ Age _____

(If registering for a youth or child, name of adult responsible for him/her) _____

Mailing address _____

Zip Code _____ E-Mail _____

Phone (H) _____ (W) _____ (C) _____

CLASS REGISTRATION

Class Policy and Registration Information is posted on our website. Please read and familiarize yourself with our Policies, including the publicity policy.

Name of Student	Title of Class	Fee
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

I, _____ (parents or adult participant name) as parent/legal guardian of _____ (child's name) hereby give my consent for participation in workshops or classes at the ArtMuse. I assume all risks and hazards incidental to participating and do hereby waive, release, and agree to hold harmless ArtMuse LLC their staff, volunteers, and the instructors for any claim arising out of loss or injury that the participant may encounter while engaged in this program. I understand that insurance is not provided and ArtMuse is not responsible for the medical condition of the participant. I also understand that all policies outlined on www.artmusepa.com apply to all programs, workshops, and classes offered by ArtMuse, regardless of the age of the student.

Signature of Parent/Guardian: _____ Date ____/____/____

Signature of Adult participant: _____ Date ____/____/____

PAYMENT

____ Credit Card (Visa/MC) ____ Check (made payable to ArtMuse LLC) ____ Cash

Name (as it appears on card) _____

Card # _____

Card Expiration Date ____/____/____ V-code _____

Signature _____

Mail to:

ArtMuse LLC.

123 S. Main St., Doylestown PA, 18901

Make checks payable to ArtMuse LLC

For office use

Date Recd:	____/____/____
Confirmation sent:	____/____/____
Missing info:	____/____/____



Emergency Contacts Form

Participants Name _____ First _____ Last _____ Age _____

Parent/Guardian Information

In the event of an emergency, the ArtMuse staff will make every effort to first contact the parents or guardians of the child.

Name of Parent/Guardian _____ First _____ Last _____

Home _____ Address: _____

Cell _____

Work _____

Name of Parent/Guardian _____ First _____ Last _____

Home _____ Address: _____

Cell _____

Work _____

Main Contact:

In the event that we are unable to reach you. Please give the following people permission to take responsibility for your child, including pick up if necessary.

Name _____ First _____ Last _____

Relation to Child _____

Home _____ Address: _____

Cell _____

Work _____

Secondary Contact:

Name _____ First _____ Last _____

Relation to Child _____

Home _____ Address: _____

Cell _____

Work _____

For office use

Date Revd:

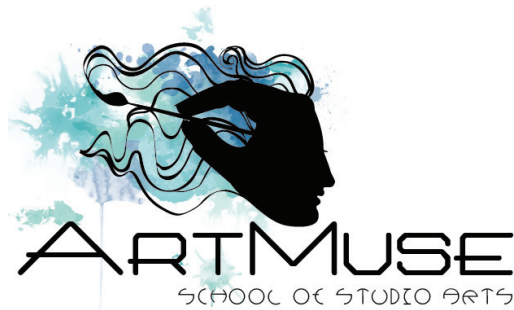
_____/_____/_____

Confirmation sent:

_____/_____/_____

Missing info:

_____/_____/_____



Medical Information Form

Participants Name _____ First _____ Last _____ Age _____

Health Insurance Provider

Provider Name _____ Member ID # _____

Policyholder _____

Primary Care Physician

First _____ Last _____

Phone Number _____

Medical Information

Does your child have any special needs or medical conditions we should know about? YES NO If yes, please explain: _____

Has your child been recently hospitalized for any reason? _____

Is your child receiving any medication? (This information is helpful for emergency personnel) YES NO If yes, please explain: _____

Please list any allergies including food, insects, and drugs _____

Does your child require an Epi pen? _____ If yes, can they administer it to themselves? _____

Is there anything else you'd like us to know that will help our instructors with your child? _____

In case of medical emergency, I understand that every effort will be made to contact the parents or guardian/Emergency contact. In the event I /emergency contact cannot be reached, I hereby give permission to ArtMuse to secure proper treatment as designated by a physician or Doylestown Hospital for _____ (child's name/adult participants name). I hereby agree to be responsible for payment of all costs and expenses of any health care provider or other person who acts in reliance upon this consent and authorization for treatment.

Signature of Parent/Guardian _____

Signature of Adult participant: _____

Date ____/____/____

For office use

Date Recd:

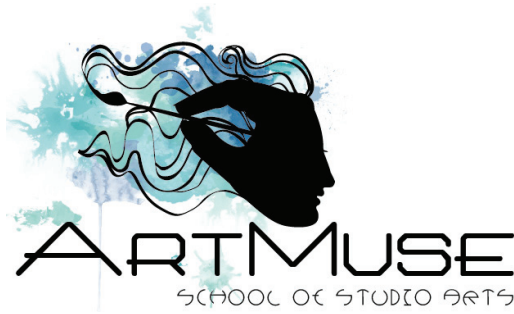
____/____/____

Confirmation sent:

____/____/____

Missing info:

____/____/____



Behavior Policy

We want everyone at ArtMuse to enjoy their experience, feel comfortable and feel safe. The ArtMuse faculty and staff will review behavior expectations with students before and during classes. However, ArtMuse reserves the right to dismiss a student for problematic behavior that results in the repeated disruption of classes or for disrespect to persons and/or property. Threat, violence, or the risk of violence will not be tolerated. Parents of children who display disruptive behavior will be contacted to remove their child. The instructors and ArtMuse representatives will not be responsible for disciplining your child. I have read the above behavior policy. I agree that my child will follow the instructions of the ArtMuse staff and faculty and will treat other individuals with courtesy and respect. I understand that if my child fails to do so, he/she will not be allowed to participate in the program and no refund will be issued.

Signature of Parent/Guardian: _____ Date ____/____/____

Publicity Consent Form

I _____ grant ArtMuse the permission for photographs to be taken of my child and/or his or her artwork during ArtMuse programs to be used for video, website, Internet, publicity, films, and publications. I also grant permission these images may also be used on social media channels including but not limited to Facebook, YouTube, Instagram and Twitter. I also understand that my child's name and address will never be published.

Signature of Parent/Guardian: _____ Date ____/____/____

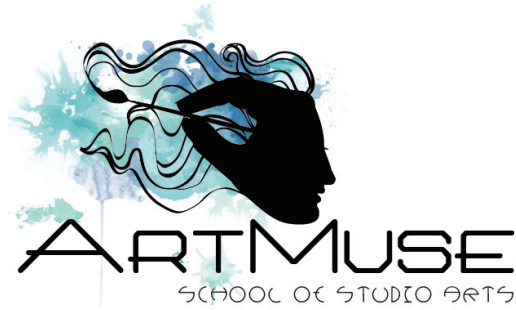
Signature of Adult participant: _____ Date ____/____/____

If you do not give us photo release permission, please indicate here _____

Pick Up/Child Release Policy

I _____ (the parents/legal guardians) understand that I must arrange for my child to be picked up on time from class at the ArtMuse Studio. I realize that the ArtMuse does not have an aftercare program and teaching faculty and staff should not be left responsible for children after the close of the scheduled program. If outstanding circumstances prevent prompt pickup, I or people acting on my behalf agree to call ArtMuse before the end of class to inform staff of a reasonable arrival time, even if I have to arrange an alternate pickup plan. Lastly, I understand that the ArtMuse reserves the right to charge a late fee to parents/legal guardians who are late.

Signature of Parent/Guardian: _____ Date ____/____/____



Child Release Authorization Form

Participants Name _____ First _____ Last _____ Age _____

All authorized persons will be asked to present a photo ID upon pickup unless they are known to the ArtMuse staff. This list may be changed or added to at any date with written notice. The following persons have permission to pick up your child from ArtMuse programs.

Name _____ First _____ Last _____
Home _____
Cell _____
Work _____

Name _____ First _____ Last _____
Home _____
Cell _____
Work _____

Name _____ First _____ Last _____
Home _____
Cell _____
Work _____

Self Release Consent (for students over the age of 12 years)

Parents of older students (must be 12 and older) may prefer to authorize their child to walk to the nearby library or businesses

I _____ (the parents/legal guardians) give permission for _____ to leave at the completion of classes and find his/her own transportation/walk into town.

Signature of Parent/Guardian: _____ Date ____/____/____

For office use

Date Recd: ____/____/____
Confirmation sent: ____/____/____
Missing info: ____/____/____