**Text

Description automatically generated**

**Enrollment Packet**

**Paperwork good for one year from date of enrollment. All items must be checked off and emailed to Amy or brought to Creative Corner Art Studio two weeks before the first class.**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_ \_\_

Program Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student & Cell Phone: Parent/Guardian\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information Parent/Guardian Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

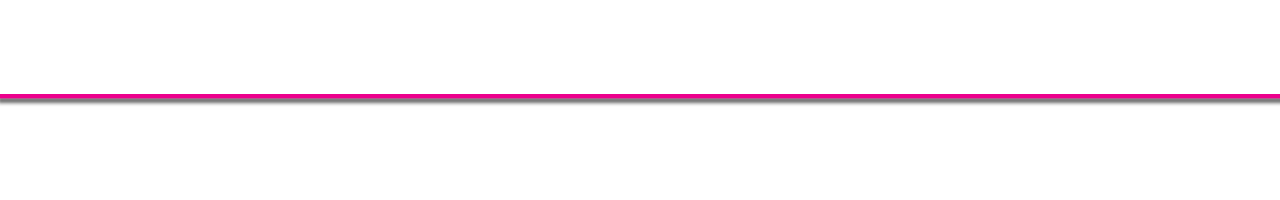
Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions, allergies, special needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**



**Consents and Releases**

Promotional Release ☐ YES ☐ NO

I hereby grant consent to release photographs and/or video footage of myself or my child for commercial use in any medium of advertising, communication, publication, or publicity that will promote company programs and services, and/or recognition of participants. It is my understanding that Creative Corner Art Studio is a for profit organization.

Support Staff Consent ☐ YES ☐ NO

I understand that Creative Corner Art Studio’s Quality Advisors, Counselors-in-Training, student interns, contracted art instructors, and volunteers work at Creative Corner Art Studio. I give my permission for my child to interact with these support staff as needed.

Company Policy Acknowledgement ☐ YES ☐ NO

I agree to for child and or myself to respect and understand the mission statement of the studio with respecting the staff, participants, and demonstrating appropriate behavior while attending classes within the art studio. I understand that it constitutes the policies and guidelines of Creative Corner Art Studio. I understand that it is my responsibility to discuss any questions with the C.E.O./ Owner of the company directly.

Off-Site Field Trip Consent ☐ YES ☐ NO

I give permission for my child to participate in all of the regularly scheduled, on-going activities located at the following off-site facilities:

Local Field Trips- TBA Local Library Franklin Public Field or Park Space

Local Tennis Courts Downtown (book store for author read) Additional Field Trips TBA

The Program will provide in writing a list of scheduled activities. I understand that any other destination within the program will require my written or verbal permission in advance

**\*Signature of Parent or Guardian Date \_\_\_\_\_\_**

**Emergency Authorization and Consent Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth/Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Insurance Information | | |
| Medical Insurance | Policy Number | |
| Other Coverage (including dental) | | |
| Child’s Physician | Phone | Address |
| Child’s Dentist | Phone | Address |

**Is there documentation of a physical examination, immunization record, and lead screening at your child’s school?**

**Yes \_\_\_\_ No \_\_\_\_**

|  |
| --- |
| **Medical History (please write “NONE” if there are none** |
| Allergies/Reactions/Treatment |
| Special Needs/Disabilities/Chronic Health Concerns |
| Emergency Medical/Dietary Information/Religious Restrictions |
| Behavioral Issues |
| Other Emergency Health Concerns |
| Current Medications |

**MEDICAL TREATMENT CONSENT**

I hereby authorize the staff of the Programs to give First Aid and CPR to my child as needed. I understand that the staff are trained in the basics of CPR and First Aid. In the event of an emergency, I hereby authorize the program and its staff to have my child transported to the nearest medical facility or to \_\_\_\_\_\_\_\_\_\_and secure medically necessary treatment including, but not limited to: hospitalizations, injections, anesthesia and/or surgery. In the event that I cannot be reached, I hereby give permission to the physician attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify my immediately.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ \_

**MEDICATION CONSENT Form (If Medications need to be given during class time)**

|  |
| --- |
| Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please check one of the following: Prescription: \_\_\_\_\_ Oral/Non-Prescription: \_\_\_\_\_  Unanticipated Non-Prescription for mild symptoms\_\_\_\_\_\_  Topical Non-Prescription (**applied to open wound/broken skin**)*\_\_\_\_\_\_*  My child has previously taken this medication\_\_\_\_\_\_\_\_  My child has not previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan\_\_\_\_\_\_\_  Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) medication to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Times medication to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reasons for medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Possible side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_9  Directions for storage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and phone number of the prescribing health care practitioner:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Child’s Health Care Practitioner Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_**  **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (parent or guardian)**  (print name)  **gives permission to authorize educator(s) to administer medication to my child as indicated above.**  **Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  For topical, non-prescription NOT applied to open wound / broken skin (parent signature only) |

**Transportation Plan and Authorization**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My child will arrive at the program by:**

☐ Parent Drop-off

☐ Supervised Walk

☐ Unsupervised Walk

☐ Public/Private Van

☐ Private Transportation arranged by parent

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My child will depart from the program by:**

☐ Parent Pick-up

☐ Supervised Walk

☐ Unsupervised Walk

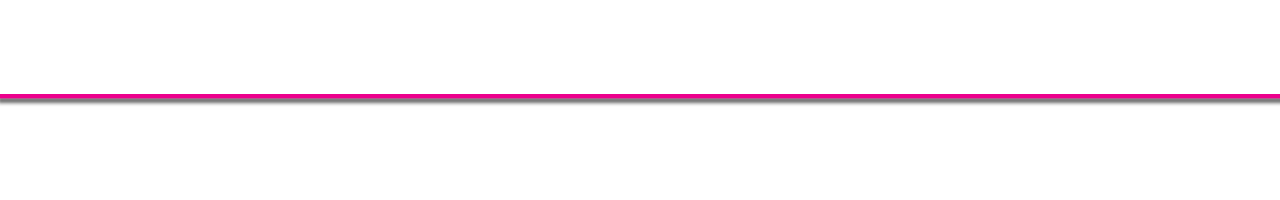
☐ Public/Private/Contract Van

☐ Private Transportation arranged by parent

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Please refer to the Emergency Contacts and Pick-Up Authorization Form for release information.

**\*Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_ \_\_\_\_Date\_\_\_\_\_\_**



**Emergency Contacts and Pick-Up Authorization Form**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List parents/guardians first, then three additional individuals, in contract order, that may be if you cannot be reached in the event of emergency or non-emergency. Please note that these persons listed as Emergency Contacts are also authorized to pick up your child from the program.\* | | | | |
| Parent/Guardian | Relationship | Home Phone | Work Phone | Cellular Phone |
| Parent/Guardian | Relationship | Home Phone | Work Phone | Cellular Phone |
| Name:  Address: | Relationship | Home Phone | Work Phone | Cellular Phone |
| Name:  Address: | Relationship | Home Phone | Work Phone | Cellular Phone |
| Name:  Address: | Relationship | Home Phone | Work Phone | Cellular Phone |

**PICK-UP AUTHORIZATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please list other individuals who are authorized to pick up your child from the program, in addition to those listed as Emergency Contacts above\* | | | | |
| Name:  Address: | Relationship | Home Phone | Work Phone | Cellular Phone |
| Name:  Address: | Relationship | Home Phone | Work Phone | Cellular Phone |

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

\* Biological parents and legal guardians listed on registration forms are automatically authorized to pick up the child unless the program is given a copy of a current court ordered custody arrangement or restraining order. All individuals authorized to pick up your child from the program must be at least 16 years of age. A license or other positive proof of identification must be shown at pick-up time. If you wish to change, add, or delete any of these authorizations, you must do so in writing. Please note any special instructions in writing.

**Release and Hold Harmless Agreement/ Transportation**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request voluntary participation for my minor child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be transported by Amy Saltalamacchia in her private vehicle all of which is hereinafter referred to as “transportation”.

I consent to my child’s participation in the transportation and acknowledge that the minor child and I fully understand all of the risks associated with transportation. I understand that if I have any risk concerns, I should discuss them with Amy Saltalamacchia prior to signing this document and before transportation begins.

I certify that my minor child is in good health and has no medical issues that would prevent participation in this transportation. I agree to use my minor child’s personal medical insurance coverage if accident or injury occurs. I am financially responsible for all losses due to participating in this transportation. I consent to emergency medical treatment in the event such care is required due to this transportation.

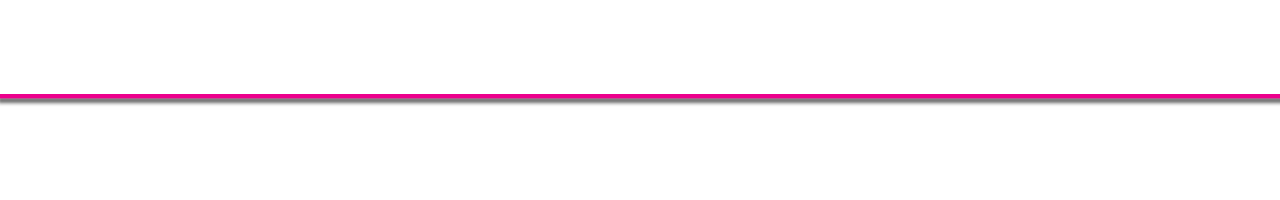
Knowing and understanding the risks involved in the transportation, I hereby voluntarily and willfully assume responsibility for all risks and dangers associated with participation in this transportation.

In consideration of my minor child’s participation in this transportation, I hereby waive all claims or causes of action against Amy Saltalamacchia, and or her company Creative Corner Art Studio, Inc and the officers, directors, employees and agents of them arising out of my minor child’s participation in the transportation and release and hold harmless and discharge them all of liability except in connection with willful misconduct.

I have read this release and hold harmless agreement and understand the terms used and their legal significance. This waiver is given freely and willingly and with the understanding that my right to legal recourse is knowingly given up in return for allowing my child’s participation in the transportation.

My signature is intended to bind my successors, heirs, and representatives.

**\* Signature of Parent or Guardian\_\_\_\_\_\_ \_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Statement of Understanding**

The following information is important for the safety and protection of your child. Please read the information, sign this form and return with the enrollment packet. Your signature below indicates that you have received the Creative Corner Art Studio understand the studio’s mission and the program policies.

I understand that I am not to leave my child at the Creative Corner Art Studio site unless a staff person or volunteer is there to receive my child.

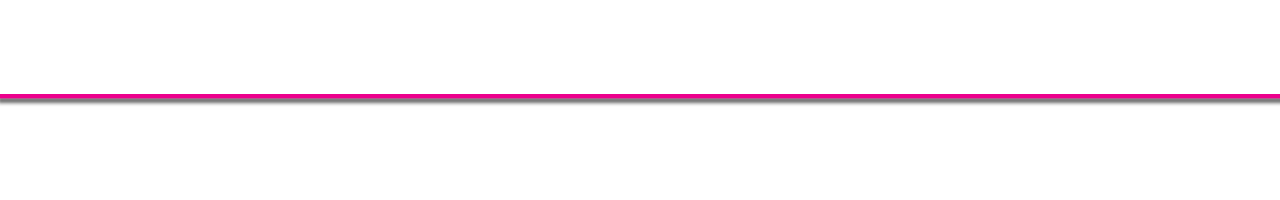
I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the Creative Corner Program or other arrangements must be made by calling or emailing the owner to inform them of a change.

I understand; that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child’s safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that I am responsible for all contract obligations including payments, enrollment information, and all other materials required by the State and Creative Corner for the duration of program.

I understand that Creative Corner. is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

**\*Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_ \_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_**



**Activity Release Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (leave blank used for field trips)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_

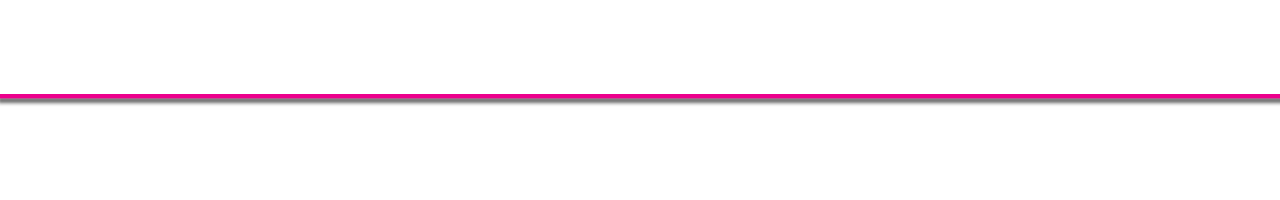
I hereby authorize my child to participate in the activity designated above, and I also agree to the transportation of my child to an off-premises location for said activity if the same is required. I certify that my child is in good health with no injury or illness and is physically fit to participate in said activity.

I do hereby release Creative Corner Art Studio, it’s staff, officers, agents and employees (collectively referred to as the "Releasees"), from any and all actions, causes of action, suits, damages, grievances, complaints, and any and all claims and liabilities whatsoever, with respect to my child’s participation in the activity referenced above.

The undersigned acknowledges that he/she has executed this Release voluntarily.

I HEREBY AUTHORIZE TREATMENT FOR MY CHILD IN CASE OF AN EMERGENCY. CONSENT IS ALSO GRANTED TO A LICENSED PHYSICIAN, SURGEON, OR DENTIST FOR NECESSARY TREATMENT WHEN INDICATED.

**\*Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_**



**Off-Site Activities Permission Form**

**\*\* Parents to complete Section TWO only**

**Section 1- Program completes prior to parental consent**

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Educator(s) responsible for child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of off-site location and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of off-site activity: \_\_\_\_\_\_\_\_\_ Time Leaving Program: \_\_\_\_\_\_\_

Time Returning to Program: \_\_\_\_\_\_\_\_\_

Method of Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee associated with activity (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*NOTE\*\* Each child must carry on his/her person the name, address, and telephone number of staff or child care program whenever she/he is off the premises in care of the program.

**Section 2– Parent/Guardian completes prior to off-site activity**

I give permission for my child to attend the above identified off-site activity

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize child care program staff to secure necessary emergency medical treatment

Name of child’s Physician, Address, phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s allergies, health conditions, or Individual Health Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Plan and Policy#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ \_\_\_\_\_ Contact Phone #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent/Guardian Signature) (Date)**

*\*This form must accompany each child on the off-site activity.*