



Artistic Impression Studios
www.aistudios.net

973 – 257 – 1500
aistudios@optimum.net

Enrollment Application

Please complete all fields on both sides

PLEASE TYPE IN OR PRINT CLEARLY

Student Name: _____ Sex: _____
School Attending & Grade Level: _____ Birth Date: _____
Home Address: _____
Parent Email Address: _____
Home Phone: _____
Parent /Guardian Name: _____ Contact #: _____
Parent/Guardian Name: _____ Contact #: _____
Individuals authorized to pick my children up: _____

MEDICAL HISTORY Please provide details where requested, or indicate "None" or N/A:

Please list any FOODS that your child is allergic to: _____
Please list any other allergies / sensitivities we should know about: _____
Does your child carry an EpiPen or other type of medication treatment for the above allergies? _____
Does he/she know how to administer this treatment? _____
Is your child currently on medication that will need to be taken during program hours? _____
If yes, please list medications and scheduled times: _____
Does your child have any medical conditions, dietary or special needs that we should be aware of if care is needed?

ACKNOWLEDGMENT OF RISK AND CONSENT FOR MEDICAL TREATMENT

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to any children’s program, including but not limited to participation in classroom, recreational activities, sporting activities, lesson/laboratory experiments, transportation to, from the program, child’s failure to follow instructions of supervisors, communicable illness, and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the control of the Ai Studios staff. These types of injuries may be minor or serious and may result from one’s actions, or the actions or inactions of others or a combination of both. I will take responsibility to see that my child is prepared for all activities and is in good health each day of the session. I hereby assume all risks associated with participation in Ai Studios programs and agree to hold harmless Ai Studios, its directors, officers, employees, agents, representatives, counselors, volunteers, et al from and against any and all claims, demands, losses or liability of any kind or nature which may arise in connection with injuries suffered to my child while enrolled/participating in their program. In case of medical emergency, I understand that every reasonable attempt will be made to contact me or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give my permission to the adults in charge of the programs to secure and receive emergency medical or first aid treatment for my child, including transport via ambulance to a hospital if necessary. I consent to the sharing and release of any medical information listed above with the appropriate staff members of the program and/or medical personnel that may be necessary to ensure the safety and wellbeing of my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. I have read and understand the above informed consent agreement in its entirety and hereby give my consent for my child to participate knowing all of the foregoing.

Parent/Guardian Name: _____
Parent/Guardian Signature: (required) _____
Emergency Contact Name: _____ Contact Number: _____
Relationship to child _____ Date: _____

CLASS SELECTION

STUDENT NAME: _____
 SCHOOL ATTENDING: _____ GRADE ENTERING: _____
 DATES ATTENDING: _____

Class hour	Monday Classes	Tuesday Classes	Wednesday Classes	Thursday Classes	Friday Classes	Tuition Fee:
8-9 am						
9-10 am						
10-11 am						
11-12 pm						
12-1 pm						
1-2 pm						
2-3 pm						
3-4 pm						
4-5pm						
5-6 pm						
6-7 pm						
Supply Fee:						
Total Due:						

PAYMENT OPTIONS:

Checks payable to: Ai Studios, PO Box 33 , Towaco, NJ 07082.
 Please submit checks with this application, returned check fee \$35.00

Credit Card (MC, Visa, Amex, Discover) # _____ Exp: _____
 Name on Card: _____ Code: _____
 Signature: _____

The registration and program fee for Ai Studios Enrichment Program is nonrefundable. This payment is due with the completed registration form. There is limited space available in the program. A space is not held or secured until a completed registration form is received with full payments for the classes.

RELEASE OF IMAGES:

I grant my permission for Ai Studios to photograph, videotape, audiotape and/or other media myself or my child during classes, activities, and/or events. The photographs / videos / audios remain the property of Ai Studios and may be used for advertising or promotion in any medium without further compensation. I understand my child will not be identified by name unless I give my express permission.

I hereby waive and release on behalf of myself and my child, any rights to ownership of such images and/or sounds, and any right to inspect and/or approve the finish product or advertising copy in connection therewith:

(Please initial only one of the following)

_____ I have read and **AGREE** to the terms and conditions of this photo, media, and copyright release.

_____ I have read and **DO NOT AGREE** to the terms and conditions and **DO NOT** prefer that my child be photographed or videotaped.

OUR POLICIES:

Tuition must be paid at the time of registration. Any registration form received without the required tuition will be returned and the student will not be registered for classes.

- **Refund Policy:** Refunds will not be given for any reason. Supply fees are not refundable.
- There will be no refunds for any one-evening classes, events, or for trips.
- If Ai Studios cancels a class, the tuition fee will applied to another class, with no monetary refund granted.
- Student absences are non-refundable. The school is not responsible for make-up classes; unless it is due to bad weather (only one make up class will be granted). In these circumstances a make-up class will be available with the discretion of Ai Studios. One make-up class can occur only during the same semester with the same instructor. If students are late for class, there will be no make-up time.
- **Conduct:** We reserve the right to refuse admission or to expel any disruptive student. Cell phone usage is not permitted during class time. Cell phone should be placed on silent or vibrate in the classes. Unregistered children and parents cannot enter class rooms. Children cannot accompany adults to classes - no exceptions.

REQUIRED STUDENT BIO INFORMATION:

(Submitted by the parent with completed registration forms)

Describe your child. Tell what your child enjoys doing (talents, skills, interests, activities, etc.). Also any concerns.

Please fill out and sign the form completely and print. Then, either mail the signed form to:

Ai Studios, POB 33, Towaco NJ 07082 or scan it and email it to aistudios@optimum.net