

TAOW Summer Registration Agreement

DATE ___/___/___

Child's name _____ Nickname _____

Address _____

Home Phone _____

Date of Birth _____ Male _____ Female _____

Mother's Name _____ Business Phone _____

Cell Phone _____ Home Phone _____

E-Mail Address _____

Occupation _____

Father's Name _____ Business Phone _____

Cell Phone _____ Home Phone _____

Occupation _____

Persons (other than parent) to be called in case of emergency (in order of preference)

1) Name _____ Phone _____

Relationship to child _____

2) Name _____ Phone _____

Relationship to child _____

3) Name _____ Phone _____

Relationship to child _____

Child's Physician _____ Phone _____

Are there any medical problems or information concerning your child we should be aware of? _____

Is there anything special that we should know about your child? _____

Can your child have their photo / video posted on social media? _____

Can your child have their photo / video posted on our website? _____

Can your child have temporary tattoos? _____

Can your child have face paint? _____

Can your child have glitter tattoos? _____

Can your child have their hair beaded? _____

Can your child have their nails painted? _____

Can your child have hair chalk? _____

Can your child have ice pops? _____

The Art of Wisdom Tuition Information

Monday-Friday 9AM-12PM

Extended day is 12PM-2PM

Please check off each day that your child will attend.

Please indicate which days are extended by putting an "X" by your check mark.

		Mon	Tue	Wed	Thurs	Fri	Total Days	Total Cost Per Week
Week 1	7/6-7/10							
Week 2	7/13-7/17							
Week 3	7/20-7/24							
Week 4	7/27-7/31							
Week 5	8/3-8/7							
Week 6	8/10-8/14							
Week 7	8/17-8/21							
Week 8	8/24-8/28							

Summer art enrichment prices are calculated per week.

1 Day-\$50 2 Days-\$90 3 Days-\$130 4 Days-\$170 5 Days- \$200

Extended day is an additional \$30 per day.

Siblings receive 10% discount off full rate.

Registration of \$50 is required to reserve spot. Reserve by 3/31, save 50% off registration fee and a free t-shirt! (Shirts are available for \$10)

Week 1 Total= _____

Week 6 Total= _____

Week 2 Total= _____

Week 7 Total= _____

Week 3 Total= _____

Week 8 Total= _____

Week 4 Total= _____

Week 5 Total= _____

Grand total of weeks + registration fee _____

Registration fee is due at time of sign-up. Tuition must be paid in full by 5/31. Please fill out payment agreement if not paying in full.

Please indicate size of shirt: Youth Small _____ Youth Medium _____ Youth Large _____ Adult Medium _____ Adult Large _____

TAOW REFUND AND MAKE-UP DAY POLICY-Registration fee is non-refundable. Scheduled days cannot be changed unless there are spots available and is at the discretion of the director. All additional days are paid for at the time of scheduling and cannot be refunded. Contracts cancelled by 5/31/2020 may receive a complete refund, less the registration fee. Cancellation by 6/15/2020, a 75% refund less registration fee. Cancellation by 6/22/2020, a 50% refund less registration fee, Cancellation by 6/25/2020, a 25% refund less registration fee. There are no refunds after 7/6/2020. Make up days are at the discretion of the director if there are spots available. Please initial below that you have read and agree to the TAOW Refund and Make-up Day Policy.

Initial here _____

Payment Agreement

Date _____

Parent/Guardian _____

Address _____

Phone number _____

Child's name _____

_____ (Parent/Guardian) agrees to enter into a payment schedule for the parent/guardian to pay in full the balance of tuition. The parent/guardian acknowledges and agrees that summer art enrichment must be paid in full by 5/31/2020. Any and all payments are subject to **"TAOW REFUND AND MAKE-UP DAY POLICY"**. Both parties have a copy of this agreement.

Total amount to be paid: \$ _____

Date Due	New Amount Due	Balance Owed
1. ___/___/___	_____	_____
2. ___/___/___	_____	_____
3. ___/___/___	_____	_____
4. ___/___/___	_____	_____
5. ___/___/___	_____	_____
6. ___/___/___	_____	_____
7. ___/___/___	_____	_____

Parent/ Guardian Signature(s) _____

Date _____
Date _____
Date _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize TAOW to charge my credit card above for agreed upon payments. I understand that my information will be saved to file for future transactions on my account.