

CHOPLET
Ceramic Studio and Gallery

Registration Form

238 Grand Street, Brooklyn, NY 11211

Ph/Fax: 917.547.8316 / 718.302.6036

info@choplet.com

Student's name _____ **Gender** _____ **DOB** _____

Child's School _____ **Grade Level** _____

Medical conditions and Allergies _____

Parent/Guardian name _____

Address _____

E-mail _____

Phones: Cell _____ **Work** _____ **Home** _____

Parent/Guardian name #2 _____

Address _____

E-mail _____

Phones: Cell _____ **Work** _____ **Home** _____

Emergency Contact name _____ **Phone** _____

Physician _____ **Phone** _____

Alternative Authorized Person to pick up the child:

Name _____

E-mail _____

Phones: Cell _____ **Work** _____ **Home** _____

Name _____

E-mail _____

Phones: Cell _____ **Work** _____ **Home** _____

I, _____, the parent and or guardian of _____
minor, authorize my child to go home on their own.

___ **YES**

___ **NO**

Ceramic Class attending: Day _____ **Time** _____

Release of Liability and Consent Form

I,....., the parent and or guardian of _____ minor, knowing the risks involved in ceramics, including wheel throwing, hand building with tools, voluntarily sign this waiver and assumption of risk in favor of Choplet Design sur Grand (the Company) for the opportunity to have my child pursue the creation of ceramic art and/or to receive instruction from the Company's employees and/or contractors. I waive and release the Company, its employees and its contractors from any claim for personal injury, property damage that may arise from my use of the facilities or from my child's participation in the activities or instruction.

In the event the child named above is injured or ill, I understand that Choplet Studio will attempt to contact me, the other parent, or the legal guardian associated with this registration.

In the event that I or the others listed on my child's registration are not available or that the emergency is such that EMS must be contacted first, I give my permission for Choplet Ceramic Studio's staff to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to the nearest medical facility. I agree to pay all fees and costs arising from the action to obtain medical treatment. I also give permission for attending physician(s) or other medical personnel to administer any needed medical treatment, including surgery and I agree to pay for the medical treatment.

I understand that there are certain risks and dangers associated with the activity and use of the facilities and that these risks have been fully explained to me. I fully understand the dangers involved. I fully assume the risks involved as acceptable to me and my child has the ability to exercise judgment in undertaking these activities and follow all safety instructions.

I authorize Choplet Studio to photograph or film myself and/or my child without compensation, as well as the ceramic work produced, for the use in the studio's promotional efforts. I have read and accept the policies of Choplet studio. I further understand and accept that never, under any circumstances, would my class tuition and deposit be returned; that no refunds will be given once the term begins (except for the After School Program if paid in full, which allows for partial refund by the cancellation deadline) and that my fee may not be transferred to another session.

Parent/ Guardian Signature

Date

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Afterschool Program Pick up

Please submit this permission slip no later than 48 hr prior the start of the program, to receive Pick-up Services.

Student's name _____ **Gender** _____ **DOB** _____

School _____ **Grade** _____ **Classroom** _____

Teacher _____ **Phone** _____ **E-mail** _____

Time of pick up _____ **Designated pick up location** _____

Special Directions/Instructions _____

- I understand that I must notify Choplet Ceramic studio before 11am if my child is not attending school and will not need to be picked up. I will also alert the school and the teacher.

- I understand that my child must follow the directives of the supervising staff members at dismissal. Failure to follow safety policy and procedures will be ground for termination of my child participation in the Pick-up services offered by Choplet Ceramic Studio. I understand that only (1) warning will be issued before my child is expelled from the service due to safety concerns. I understand that if my child is expelled from the service, I must reserve alternative pick up and it does not entitle me to a refund of the program's tuition.

- I understand that if my child is attending PS110, pick up will be arranged by taxi van or personal car and I am responsible for providing a car seat.

- I waive and release the Company, its employees and its contractors from any claim for personal injury, property damage or death that may arise during transportation of my child from the school to Choplet Ceramic Studio.

I _____ **have read, understand and agree to the above.**

Parent/ Guardian Signature

Date

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Fees information & Policies

Registration/cancellation/absences/make up policy

2 payment options are available

Cancellation policy:

Tuesday, Wednesday, Thursday and Friday Fall 2019 – Winter 2020 program: 50% non refundable deposit is required to reserve a space. In the event a child stops attending classes and tuition payment was done in full, cancellation will be accepted in writing at info@choplet.com by 10/14/19 and 50% balance payment will be refunded. No refund will be provided after 10/14/19.

Absences and make-up policy: No makeup possible. No refund or credit will be issued for missed classes

Pick up Policy: A \$15 fee will be processed to a credit card held on file for any pick up later than 15 minutes after scheduled dismissal time. Additional fees will be charged after 30 minutes. If an adult that is not listed on your Registration Form will be picking up your child from the studio, you must send an e-mail with the date and name of said adult. Children will not be released to an adult (including another after school parent) without notification from parents.

Enrollment conditions: I understand and agree that Choplet studio has the right to terminate the enrollment of a child if it is determined that the continued attendance of the child in the ceramic program is not in the best interest of the child or the program. Choplet studio values the time and safety of your children and our staff , so we reserve the right to deny service to anyone who is disruptive and prohibits safe participation to ceramic activities.

Snacks: The studio does not provide snacks. Please make sure to include a snack for your child if she/he is enrolled in the pick up program.

Choplet Studio reserves the right to cancel a class as a result of insufficient enrollment.

Please make sure mass e-mails sent by choplet.ceramic@gmail.com do not end up in your spam box. We make every effort to reduce how many we send out and only intend to send pertinent information.

I have read, understand and agree to the above.

Parent/ Guardian Signature

Date

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Credit Card Auto-payments agreement

Must be filled out if you selected the payment plan option

I accept and understand that Legolet DBA Choplet Design Sur Grand will process remaining payment installments in monthly installments from the start date of class, until the full tuition amount is accounted for.

I agree to be responsible for all installments payment even in the event I/my child discontinue attendance or enrollment. I understand that while payment is recouped monthly, it does not constitute an enrollment on a month-to-month basis. I understand tuition payment must and will be completed by the dates stipulated in the "Fees Information and Policies" section.

Legolet Limited agrees to hold all credit card information in the strictest confidence and only to use the account upon notice to you, but authorization for each use is hereby granted. Any disagreements as to charges will be reconciled after payment.

Signature: _____

Print Name on the card: _____

Current address: _____

Credit card type: VISA or MASTER CARD only, please circle one

Credit Card number: _____

Expiration date: _____ 3 Digits Security code: _____