



CHOPLET Ceramic Studio and Gallery

Registration Form Fall 2021 After School Program

238 Grand Street, Brooklyn, NY 11211

917.547.8316

info@choplet.com

Social-Distancing and Hygiene Guidelines:

- Kids and Staff are required to wear a mask over their nose and mouth at all time.
- Participants will be instructed to clean their hands and forearms with soap upon arrival, when having used the restroom, and at the end of the day.
- Each kid must bring their own tool kit and apron to each class. If they do not have one, please order them on the tool kit and clay for sale page on Choplet website, no later than 48 hours before the start of the session.
- All participants should limit the number of outside belongings being brought to class to mask, tools and allergic equipment.

For more information, please see [the CDC Regulation Guidelines for Youth and Summer Camps.](#)

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

If you child is 12 years old or older, please indicate the dates of COVID vaccination and include a screenshot of your child's vaccination card when emailing back this Registration Form to us:

Date of First shot: _____

Date of Second shot: _____

Parent/ Guardian Signature

Date

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 and the social distancing and hygiene guidelines that will be implemented for the full duration of the classes. I further understand and accept that if my child cannot follow instructions within these guidelines, I will be contacted to pick them up. I understand that Choplet Studio reserves the right to cancel a class as a result of insufficient enrollment. I am aware that a \$100 non-refundable deposit is required to register and hold a spot in a class and that the balance will be refunded to me oif I provide the cancellation in writing, no later than 7 days prior the first day of class. No refunds available is available thereafter. In the event the after school session has to be interrupted under the directive of CDC guidelines, I understand that Choplet will convert from in person to online instruction and I will not receive a refund or a credit.

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