

The Gallery School of Pottstown

254 High Street, Pottstown, Pa 19464
610-326-2506 www.galleryonhigh.com

Children's Class Registration

Registration Information & Policy Information

To Register: You may register in person, on our website or over the phone. Full tuition must be paid at the time of registration. Make checks payable to: **THE GALLERY SCHOOL OF POTTSTOWN**. There is a \$15 charge on returned checks. Credit Card receipts are available upon request. Your full payment confirms class registration unless notified by The Gallery School. To secure placement in class, we recommend registering early.

Class Cancellation: We will notify all registered students in the event of cancellation and full refunds will be returned.

Refunds & Pro-Rating: A \$15 processing fee will be charged on all refunds (unless class was cancelled by The Gallery School), for students who cancel one week prior to class. Up through the second week of class: 75% less the \$15 processing fee will be refunded. No refunds for one or two day workshops will be issued. Membership fee are non-refundable. The Gallery School does not pro-rate any class due to late registration or missed classes. Extreme circumstances can be made in writing and forwarded to the director.

General Information: The Gallery School of Pottstown is a non-profit art school. We reserve the right to cancel classes due to low enrollment. All students will be notified by phone. Adult, teen and children's supplies are included unless otherwise stated. The Gallery School offers scholarships to those who demonstrate financial need

Today's Date:		
Students Name:		Age:
Date of Birth (optional):	School District:	
Parent/Legal Guardian Name:		
Address:		
City:	State:	Zip:
Phone:	E-mail:	
Class:		
Are you a member of the school?	Would you like information about membership?	
How did you hear about us?	May we use your child's picture in advertising?	
Would you be interested in joining our Parent Teacher Association?		
Does student have ANY allergies we need to be aware of?		
Does student have ANY medical issues we need to be aware of?		
In the event of an emergency, who/how do we contact you?		
# 1. Name	Phone:	
#2. Name	Phone:	
Primary Physician:	Phone:	
What 2 people, including yourself, will pick up your child? Please include their phone numbers:		
Name:	Phone:	
Name:	Phone:	
(Please note we will ask for a photo ID for anyone picking your child up—other than yourself)		
May your child attend any planned field-trips during their session? (permission slips will go out)		
Would you be interested in volunteering services to our non-profit art school?		
Student signature:	Date:	
Parent signature (if a minor):	Date:	

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CONSENT & RELEASE

I, _____ (name of legal guardian) on my own behalf and on behalf of my son/daughter/minor child, _____ (name of child – hereinafter referred to as “Student”), hereby allow such Student for whom I am the legal guardian, to participate at The Gallery School of Pottstown Art Class (hereinafter referred to as “Art Class”) sessions. In consideration of The Gallery School of Pottstown making this opportunity available to the Student, I hereby agree to release, indemnify and hold harmless The Gallery School of Pottstown (and their officers, employees, agents, volunteers, and Board Members), from and against any and all claims, demands, liabilities, losses or expenses, including attorney fees, and including injury to Student or other party, associated with Student’s participation in Art Class (including but not limited to those arising in connection with field trips, and any transportation to and from such field trips, the use of the School’s equipment or facilities, and those arising from any act or omission of third party due to student’s own conduct). I further agree that if any part of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will remain in full force and effect. I further acknowledge that I have read and understand this Consent and Release, and voluntarily agree to be legally bound by its terms.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Print Name of Student

Age

Medical Waiver

I hereby grant The Gallery School of Pottstown (and their officers, employees, agents, volunteers, and Board Members), permission, at their discretion, to seek and authorize emergency medical treatment for my child and I hereby agree to assume all medical costs incurred. I have attached any additional medical information, that The Gallery School of Pottstown need be aware of, about my child to this form.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Print Name of Student

Age

The Gallery School of Pottstown should be aware my child _____

Classes must be paid for in full prior to first day.

Make check payable to The Gallery School of Pottstown

Thank you.

The Gallery School of Pottstown admits students of any race, color, national origin and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.