

Arts4All PAC Conservatory of Music Application

2020-2021

STUDENT INFORMATION

First Name: _____

Last Name: _____

Age: _____ D.O.B. _____ Allergies: _____ Special Needs: _____

Gender: Male Female

Work Tel: _____ Other Tel: _____

E-mail Address (please print clearly):

Name / emergency contact information for any other person authorized to pick up your child (if applicable):

emaN Pohen

Signed: _____ Date: _____
Parent/Guardian

Please Note: If intending to enroll more than one student, please complete separate forms for each one.

Consent/Waiver Form

(Please sign and return the form below)

I have received a copy of the Rules and Regulations and the Tuition Information (also available on our website) for Arts 4 All PAC Conservatory of Music. I acknowledge that it is my responsibility to read and understand these rules and regulations and the tuition information. It is also my responsibility to read and explain the rules and regulations to my child/children. I understand and acknowledge that the director and/or the instructors of the Arts 4 All PAC Conservatory of Music may remove my child/children from class for not meeting and/ or following these rules and regulations.

I hereby certify that my child is fully capable of participating in the physical activities offered at Arts 4 All PAC Conservatory of Music that my child is healthy and has no physical or mental disabilities or infirmities that would

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restrict full participation in these activities, except as made known to the school director or instructors at Inna's Conservatory of Music.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby released from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.

In case of accident or serious illness, I request Inna's Conservatory of Music to notify the emergency contact listed on the registration form. If personnel are unable to make contact, I hereby authorize Inna's Conservatory of Music to contact a physician or hospital for medical services and treatment. It is understood and agreed that I will assume responsibility for payment of any rendered medical services and treatment.

In addition, I hereby authorize Inna's Conservatory of Music to take photographs and/or videotape of any and all activities for which my child/children are registered for. The photographs and/or videos may be used for the sole purpose of promoting Inna's Conservatory of Music.

Parent Signature: _____

Printed Name: _____

Date: _____

Student Name(s): _____

2020-2021 Arts4All PAC Conservatory of Music Tuition POLICY

Tuition is due ON or BEFORE the 30 DAYS PRIOR TO THE TERM OR 30 DAYS PRIOR TO THE FIRST DAY OF THE NEXT BILLING CYCLE (for any billing plan)*. Please fill out the credit card authorization form attached for our records. **Any student withdrawn from the school year who paid in advance and received a discount will be billed the normal tuition for the year and will be eligible for a refund of the remaining balance not including the current month after adjustment.** Payments prior to the 1th of each prior month can be made through credit card, personal checks, or cash at reception. **Any payments made after the 1st of the month of the prior month must be in cash or CC. A \$55 daycare charge will be billed for each any day a student is on campus after the first hour of the start of classes.** Checks should be made out to Inna's Conservatory of Music. **Effective May 22nd, 2020. All application must be submitted prior to May 31 2020.**

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PLEASE NOTE: If we are unable to process a payment by the 26th of the month prior to the start of the term or the next billing cycle, your child will be unable to attend school until the account is paid in full, he/she will not be able to participate in the aftercare program.

I understand and agree to the above payment policy: _____

There will be an additional fee of **\$35.00** charged for any **returned checks (NSFs)**. This amount must be paid with a money order or a cashier's check when paying the balance. You may resume using checks the following month.

I understand and agree to the above NSF policy: _____

In the event you need to withdraw you child/children from the program, you must submit a "Withdrawal Form" to Arts 4 All PAC CONSERVATORY OF MUSIC by the 1st of the month. **Parents that are unable to submit a "Withdrawal Form", on time, are liable for the month's tuition.** Since we are reserving a space for your child, once a month has begun, the monthly payment cannot be refunded for any reason.

I understand and agree to the student withdrawal policy: _____

* Payment plans are available for families with multiple children. Please inquire at reception.

ALL STUDENTS ARE EXPECTED TO PARTICIPATE IN OUR PERFORMANCES AND P.E. If there is any reason a student a student cannot participate the school must be notified prior or the student will be expected to participate.

___ Yes, I agree to participation policy

If your child is

I understand and agree to the above attendance policy: _____

All students are required to follow the school's dress code or wear school uniform (uniforms will be available in coming months).

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I understand and agree to the above dress code policy: _____

Please be advised that there is a **4%** credit/debit card fee.
We also accept cash and check for no additional fee.

CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: _____
(as it appears on the card)

Credit Card Billing Address:

Apt #	Street	Number
Zip Code	State	City

Telephone: _____

Contact Name: _____
(if different from one above)

CREDIT CARD INFORMATION

Credit Card Type:

- Visa
- MasterCard
- Discover
- Dinners Club
- American Express

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

I, the undersigned cardholder, hereby authorize my credit card, as listed above, to be used as a guarantee of/for payment for all outstanding charges.

Authorized Signature: _____ Date: _____

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RULES for students

Students must be courteous and respectful at all times.

Students must stay in their assigned classroom, unless they are taking other classes.

Students must keep all their belongings in their assigned cabinet.

Students must be responsible to bring their own homework from school, or bring quiet reading material.

Students must clean up after themselves before they leave the premises.

IMPORTANT INFORMATION

Health considerations for both the individual child and for the group dictates that sick children be at home, rather than in after care. As per the Social Service Division Care Ordinance No. 89-21, #7-6.06, if your child has a fever, general body rash, recurrent diarrhea, symptoms of conjunctivitis (pink eye), impetigo, head lice, or other communicable diseases or conditions, i.e., chicken pox or colds, you will be called and will be expected to pick up your child WITHIN ONE (1) HOUR OF BEING NOTIFIED. Your child should not return to INNA'S CONSERVATORY OF MUSIC until he/she is without signs and symptoms for at least 24 hours. If any child contacts any kind of communicable disease, i.e., conjunctivitis (pink eye), chicken pox, etc., we must be notified as soon as a diagnosis is made so that we may notify other parents.

For your child's sake, as well as for the sake of other children, we ask that you keep your child home when he/she is ill. In an effort to preserve everyone's good health, we will be forced to send home any children who come to aftercare ill. During the course of the day, if your child becomes ill, you will be called and asked to pick him/her up.

Illness or Injury

Any MEDICATION that needs to be administered to your child must be sent in with the AUTHORIZATION FOR MEDICATION form, available at the front desk. This form must be completed in full and signed. ALL MEDICATIONS SENT TO INNA'S CONSERVATORY OF MUSIC MUST BE SENT IN THE ORIGINAL CONTAINER. DO NOT SEND ANY MEDICATION IN YOUR CHILD'S AFTER SCHOOL BAG. Medication and Authorization form must be given directly to the front desk.

Aspirin and/or Tylenol will not be given to any child.

In case of emergency After Care Program will call the parent(s) or guardian(s). If they cannot be reached, the emergency phone numbers and/or personal physicians will be called. If the parents or emergency numbers cannot be reached, and emergency attention is required, 911 will be called and your child will

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be taken to the nearest hospital that is best equipped to handle the particular emergency. While the situation is being handled, we will continue to try to contact you and keep you fully informed.

TUITION POLICY

There is an annual \$85.00 registration fee that is charged every year on the date the student is registered. A sibling discount of 5% off registration fee will be added to the registration fee.

Students attending Arts 4 All PAC Conservatory of Music are billed for the full year 30 day prior to the start of the school term or in 3 month installments due 30 day prior to the next billing cycles first day of class. **If payment is not received by the 1st of the prior month of each term or new billing cycle, the student will be withdrawn from the school, will not participate in any education or school events. A \$55 daycare will be billed for each any day a student is on campus.**

Vacation Days:

Following Broward County Public School Calendar

The following programs require separate registration and payment.

Mini Camps:

Inna's Hall of Fame is the ideal place to be during the Thanksgiving and Spring breaks. The mini-camp will allow your children to fully expand in any area of the arts, while making new friends and learning from our talented **music, dance, and acting teachers**. It's a fun, exciting and an educational way to spend their breaks.

Vacation Days / Mini Camp Fees (Daily Rates):

After School Program: \$55/day

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