



Wall Street United Methodist
Arts Academy Registration
For CLASS PIANO, March 2020 (4 Lessons)

Registration and Refunds: REGISTRATION OPEN NOW THROUGH MARCH 4, 2020

Registration is open to anyone over the age of seven (7) for piano. Registration for the Arts Academy must be completed and submitted with payment to the church office during regular office hours (Monday –Thursday, 10:00 a.m. – 1:00 p.m.) or by mail to:

Arts Academy
Wall Street United Methodist Church
240 Wall Street
Jeffersonville, IN 47130.

Offerings during this opening session include:

Piano Class (Four (4) Thursday evenings)	<input type="radio"/> 6:15 pm – 6:45 pm <input type="radio"/> 7:00 pm – 7:30 pm <input type="radio"/> 7:30 pm – 8:00 pm	(Participants choose one (1) class time and remain in that slot for the duration of the four (4) week class.)
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Four (4) thirty (30) minute sessions, \$40.00 for all four(4) sessions.

Full payment is required at the time of registration to reserve the participant's space. Due to limited space, refunds will not be given. There will be no proration of fees for any days a participant cannot attend.

Hours of Operation:

Dates for these Arts Academy sessions are Thursdays, March 5, 12, 19, and 26, 2020.

Additional 4-week sessions will be offered monthly from March-April 2020.

What to Bring:

Initial materials for Introduction to Piano class are included in the class fee. Additional books may be purchased as needed.

Sign in and Sign Out Procedures (Applies only to children under age 16):

- Sign-in will begin ten (10) minutes prior to scheduled class start time. Staff are not permitted to begin sign-in before this time.
- The child's parent/guardian/authorized person must remain within our facility during the time the child is in his/her session. A lounge area will be provided.

Behavior Management/Discipline Policy:

Arts Academy staff will create a fun and safe environment for children in the program. Praise and positive reinforcement are used as effective methods of behavior management. Children who do not respond to these methods or who are harmful to others or destructive to property will be dealt with in a professional, positive, and timely manner to correct the behavior. If necessary, the parent or guardian will be asked to remove the child from the classroom.



Wall Street United Methodist Church Arts Academy Registration Form

[one (1) form for each participant]

Participant's Name _____ Home Phone _____

Home Address _____

City/State/Zip Code _____ E-Mail Address _____

Family Information (For children under age 16):

Prefer To Be Called _____ Age _____ Birthdate _____

Guardian's/Parent's Name _____ Cell Phone _____

Daytime Phone _____ Work Phone _____

Guardian's/Parent's Name _____ Cell Phone _____

Daytime Phone _____ Work Phone _____

Siblings: Name _____ DOB _____, Name _____, DOB _____, Name _____ DOB _____

Authorized Individual to bring child, if not parent:

_____ Cell Phone _____

Daytime Phone _____ Work Phone _____

Video Release:

I hereby assign and grant the right and permission to use and publish the photographs/videotapes/electronic representations and/or sound recordings made of my child at all Musical Arts activities, and I hereby release Wall Street United Methodist Church, the activity coordinators, and all volunteers, or other related parties associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/ videotapes/ electronic representations and/or sound recordings without limitation at the discretion of the Wall Street United Methodist Church and I specifically waive any right to any compensation I may have for any of the foregoing.

Parent/Guardian Signature _____ Date _____

_____ Class Piano	<input type="radio"/> 6:15 pm.	(Please indicate your time preference by marking 1, 2, and 3 in the circles. If a time will not work, please mark with "x.")
\$40.00	<input type="radio"/> 7:00 pm.	
	<input type="radio"/> 7:30 pm.	
Four(4) thirty (30) minute sessions, \$40.00 for all three (4) sessions		

Submit completed form and amount payable to: Arts Academy, Wall Street United Methodist Church, 240 Wall Street, Jeffersonville, IN 47130 (Office Hours: Monday –Thursday, 10:00 a.m. – 1:00 p.m.)



**Wall Street United Methodist Church
Arts Academy**

Medial Informed Consent:

In case of an emergency involving my child, I understand that efforts will be made by the medical provider and/or adult leader to contact the individual listed as the emergency contact person. In the event that the emergency contact person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Parent/Guardian Signature _____ Date _____