## tim duncan pottery

## clay cLASSES summer 2021

# REGISTRATION FORM (page 1 of 2)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Please type or print) | | | | | | | | | | | | | | |
| Today’s date: | | | | | | | | | |  | | | | |
| STUDENT INFORMATION | | | | | | | | | | | | | | |
| Student’s last name: | | | | | | First: | | | | | | | Middle: | |
|  | | | | | |  | | | | | | | | |
| Birth date: | Age: | Sex: | |
| / / |  | M | F |
| Street address: | | | | | | | Home phone number: | | | | | | | |
|  | | | | | | | ( ) | | | | | | | |
| P.O. box: | | | City: | | | | | | | | State: | | | ZIP Code: |
|  | | |  | | | | | | | |  | | |  |
| Parent / Legal Guardian: | | | | | | | | Parent / Legal Guardian: | | | | | | |
|  | | | | | | | |  | | | | | | |
| Home phone: | | | | | | | | Home phone: | | | | | | |
| Daytime phone: | | | | | | | | Daytime phone: | | | | | | |
| Cell phone: | | | | | | | | Cell phone: | | | | | | |
| Email: | | | | | | | | Email: | | | | | | |
|  | | | | | | | |  | | | | | | |
| Emergency INFORMATION | | | | | | | | | | | | | | |
| (Please type or print) | | | | | | | | | | | | | | |
| In case of emergency, and in the event parents or guardians cannot be reached, please list additional people we can contact: | | | | | | | | | | | | | | |
| Contact: | | | | | Relationship to student: | | | | | | | Phone: | | |
| Contact: | | | | | Relationship to student: | | | | | | | Phone: | | |
| Contact: | | | | | Relationship to student: | | | | | | | Phone: | | |
|  | | | | | | | | | | | | | | |
| Please list all individuals, other than parents or guardians, who may pick-up your child: | | | | | | | | | | | | | | |
| Contact: | | | | | Relationship to student: | | | | | | | Phone: | | |
| Contact: | | | | | Relationship to student: | | | | | | | Phone: | | |
| Contact: | | | | | Relationship to student: | | | | | | | Phone: | | |
|  | | | | | | | | | | | | | | |
| Health Care Provider: | | | | | | | | | Phone number: | | | | | |
|  | | | | | | | | |  | | | | | |
| Dentist: | | | | | | | | | Phone number: | | | | | |
|  | | | | | | | | |  | | | | | |
| Allergies: | | | | | | | | | | | | | | |
| Medical Concerns: | | | | | | | | | | | | | | |
| Medications: | | | | | | | | | | | | | | |
| REGISTRATION FORM (page 2 of 2) | | | | | | | | | | | | | | |
| **Medical Release and Release of Liability:** I authorize class staff to provide basic first aid or to call additional medical care on my child’s behalf in the event of an emergency and if I cannot be reached or when a delay would be dangerous to my child’s health. I further agree to release class staff from any liability connected with my child’s participation in the 2021 summer program.  **Class Field Trips:** I authorize class staff to take my child on field trips which may range from a walk in the immediate vicinity of the studio, to a short visit to an art museum in Williamstown.  **Photo release:** I authorize class staff to photograph my child while participating in class activities. I understand that these photos will be available to me and may also be used in local press releases, class website, and class publications.  **Swimming Field Trips:** I authorize the class staff driver to take my child to and from the Margaret Lindley Park for the purposes of a picnic lunch and swimming (approximately one hour total). These trips will depend on weather conditions and may not happen or happen all five days. I understand that if my child needs a booster seat, I am responsible for providing one.  **Health Policy:** We ask that you help us protect the health of students this summer. Anyone who is sick or was sick with COVID-19 or recently in contact with someone with COVID-19 in the last 14 days— including staff, students, and families— should not come to the studio. Be on the lookout for symptoms of COVID-19, which include fever, cough, shortness of breath, chills, muscle pain, sore throat, and loss of taste or smell. Call your doctor if you think you or a family member is sick. If you have a specific question about this plan or COVID-19, please contact us for more information.  Patient/Guardian signature: Date: | | | | | | | | | | | | | | |
| For all class and swim participants  Please check the box that best describes your child’s swimming ability:  No swimming experience  Comfortable in water with floatation device  Can float around and “dog paddle”  Can swim around and go underwater  Knows some basic swim strokes  Advanced knowledge of swim strokes | | | | | | | | | | | | | | |
| Please describe your child’s learning styles and needs- How can we best enable your child to succeed? | | | | | | | | | | | | | | |
| All class sessions are five days- Monday through Friday. Mon- Fri 9am- 3pm, Fri 9am- 1pm.  Check the session(s) you wish to attend:  Session One June 21st- 25th - $295  Session Two June 28th- July 2nd - $295  Session Three July 5th- July 9th - $295  Session Four July 12th - July 16th - $295  Session Five July 19th – July 23rd - $295  Session Six July 26th – July 30th - $295  Session Seven August 2nd – August 6th - $295  Session Eight August 9th – August 13th - $295 | | | | | | | | | | | | | | |
| Class may be paid for with cash or check- 50% deposit holds a seat  Check- please make payable to: “Tim Duncan” -please do not include the word “pottery” | | | | | | | | | | | | | | |