



Foundational Studies Program
Student Application

Wednesday School

Each participant must fill out a registration form.

Student Info:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (____) _____ Alternate Phone (____) _____

Email: _____

Parental Info: (Applicable only for students under 18)

Father: _____ Mother: _____

Parent Email/s: _____

Registration for Term: Per Family (Circle Applicable Box)

| | | |
|---------------------------------------------|-----------------------------------------------|---------------------------------------------|
| Fall Term (\$45 Registration Fee) | Spring Term (\$45 Registration Fee) | Full Year (\$75 Registration Fee) |
|---------------------------------------------|-----------------------------------------------|---------------------------------------------|

Tuition & Supply Fee (A basic supply fee is due once at the beginning of every term for all students and must be paid with the first month's tuition. This fee helps to cover the cost of the supplies provided by the school):

| | | |
|---------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|
| Five Classes \$825 + \$35 Supply Fee Per Term | Two Classes \$575 + \$25 Supply Fee Per Term | One Class \$350 + \$15 Supply Fee Per Term |
|---------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|

Which hours will the student be attending? (Circle all that apply)

| | | | | |
|----------------------------------------------|------------------------------------------------|------------------------------------------------|----------------------------------------------|----------------------------------------------|
| 1st Period 9:00-9:55 AM | 2nd Period 10:00-10:55 AM | 3rd Period 12:00-12:55 PM | 4th Period 1:00-1:55 PM | 5th Period 2:00-2:55 PM |
|----------------------------------------------|------------------------------------------------|------------------------------------------------|----------------------------------------------|----------------------------------------------|

Make Checks Payable To: Art For All Nations

Send Payment & Registration To:

Art For All Nations.

P.O. Box 2131, Longview, WA 98632

Emergency Contacts:**Contact 1:**

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ Alternate Phone: _____

Contact 2:

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ Alternate Phone: _____

Insurance Information:

Insurance Carrier: _____ Group or Policy #: _____

Address For Claims: _____

Policy Holders Name: _____ Relationship to Child: _____

Policy Holder's Date of Birth: _____ Policy Holder's Insurance ID #: _____

Medical & Health Information:

Child's Physician: _____ Phone: _____

Child's Dentist/Orthodontist: _____ Phone: _____

Date of Last Medical Check Up: _____

Does the child have any of the following:

Drug Allergies: _____

Allergies to Insect Bites: _____

Food Allergies: _____

Special Dietary Needs: _____

Asthma: _____

Activity Limitations or Seizures: _____

Other Health Problems: _____

Medications the Child is Taking: _____

Art For All Nations Agreement Form

Parent and student must indicate their compliance with school policy by initialing each item as well as printing/signing their name and date below.

1. _____ Support Policy: Work with teachers, volunteer, or find a way to support your children. We strongly encourage parents to support our school to ensure a fun and successful session for your student, and to keep sessions affordable for everyone.
2. _____ Respect Policy: AFAN desires to create a loving and encouraging atmosphere for all students. We do not tolerate the use of demeaning language or physical aggression/abuse, which will be immediately reported to the office. Students who bully or put down another student will be sent to the office after the first warning. If the negative behavior continues, AFAN will meet with the student and parent for a probationary meeting. One further infraction and the student will be asked to leave.
3. _____ School Grounds Policy: Students must remain in designated AFAN areas unless an instructor has otherwise granted permission. Students may not leave the campus during classes unless they are escorted by a parent, guardian, or have a signed release form stating that they may leave the campus and AFAN will not be held liable.
4. _____ Classroom & Supply Policy: Students MUST clean up their workspace, and they may not leave until their classroom and work area is clean. General supplies (canvas, pencils, paper, erasers...etc) are provided by the school. Specialized supplies (paints, paintbrushes, colored pencils...etc) must be purchased by the student/parent. A supply list for each class is available on the AFAN website.
5. _____ Exhibit Policy: One or two pieces per class of the student's artwork (instructor's discretion) must be displayed during the end of term Revue/Exhibit. This is a valuable time for the students and the instructors to celebrate the semester's work. Your attendance at this event supports AFAN staff, the students, and the future of the school. AFAN reserves the right to post images of the artwork submitted, as well as the group school photo.
6. _____ Financial Policy: Tuition is due by orientation day. If you are in need of an alternative option, please speak with the school Administrator or Director about an installment plan as soon as possible.

Liability Release: _____ (Initial Here)

We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in activities, including trips away from the premises. We (I) release, forever discharge and agree to hold harmless **Art for All Nations**, its directors, employees, contractors, volunteers and agents from any and all liability claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in activities. Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation, work, and educational activities involved therein.

Medical Release: _____ (Initial Here)

The information provided on this form is accurate to the best of my knowledge, and I have indicated any special health conditions that should be known to program staff and medical personnel. In the event of an illness or injury where I am not present to give consent, I hereby give permission to medical personnel selected by the acting program director to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby grant permission to medical personnel to secure and administer medical treatment, including hospitalization for my child.

I give permission to the program staff to transport my child to and from program activities. I also agree that any of my emergency contacts listed on this form may be notified in an emergency, as needed.

Student Name: _____

Parent Name (Print): _____

Parent Name (Signed): _____ **Date:** _____

Please Note: We reserve the right to use photographs of the student's artwork on the website, in the newsletter, in advertisement material, or other uses.

_____ Please check if you do NOT want your child shown in photographs, film, or on our website (excluding the group school photo).