

PAYMENT, TUITION & ENROLLMENT POLICIES:

- Tuition may be paid by check, payable to The Academy Art Museum, or by credit card, **although checks are preferred.**
- Tuition may be paid in full by September 1st, 2023, or paid monthly on the first school day of every month. Bring your check to the classroom or leave in an envelope at the front desk to the attention of Mini Masters.
- There will be a \$25 fee for returned checks
- Tuition is all-inclusive and includes a family membership to the Museum
- A non-refundable registration deposit of \$80 per family, payable to The Academy Art Museum, is required to reserve a space for your child. This deposit will also provide you with a Family Membership to the Museum.
- A processing fee of \$10 per month is included in the tuition price **if you pay monthly.**
- A 20% sibling discount is available
- In the event of withdrawal from the program, please submit a written notice at least 2 weeks in advance of the intended withdrawal date
- There will be no prorated tuition rates, refunds or credits for partial month attendance or enrollment
- New enrollments will be accepted after September 1 on a case-by-case basis, depending on availability and child readiness.

ENROLLMENT OPTIONS — PLEASE SELECT:

- | | | |
|--|--|---|
| <input type="checkbox"/> 2 mornings per week | <input type="checkbox"/> Full Payment = \$3000 | or <input type="checkbox"/> \$340 per month |
| <input type="checkbox"/> 4 mornings per week | <input type="checkbox"/> Full Payment = \$5630 | or <input type="checkbox"/> \$630 per month |

Choose Days:

- | | | |
|---|---|---|
| <input type="checkbox"/> Monday/Wednesday | <input type="checkbox"/> Tuesday/Thursday | <input type="checkbox"/> Monday thru Thursday |
|---|---|---|

PAYMENT OPTIONS - PLEASE SELECT YOUR CHOICE:

My check for the deposit in the amount of \$80 payable to The Academy Art Museum is enclosed

My method of payment for tuition will be via check

I wish to charge my VISA Mastercard for the \$80 deposit

I wish to use this same card to have tuition payment(s) automatically processed:

Card Number _____

Name on Credit Card _____

Expiration Date _____

Security Code _____

I HAVE READ THE ABOVE TUTION, REGISTRATON AND ENROLLMENT INFORMATION,

PARENT / CAREGIVER SIGNATURE

DATE

REGISTRATION, MEDICAL & EMERGENCY INFORMATION:

Child's Name: _____

Names of Parents/Guardians: _____

Child's Home Address: _____

City, State Zip: _____

Home Phone: _____

Cell Parent/Guardian 1: _____

Cell Parent/Guardian 2: _____

Child's Birthdate: _____

E-mail address: _____

If your child has a disability or special health care needs and you have an IEP or ISFP for your child, will you be willing to discuss this and share a copy with us to determine how best to meet the needs of your child?

Y_____ N_____ N/A_____

Does your child have any allergies or special medical conditions that the Academy Art Museum should know about? _____

If so, please explain _____

Name of Child's Physician, Phone: _____

Persons to call in an emergency if you cannot be reached:

Name, Phone: _____

Name, Phone: _____

Name, Phone: _____

Persons who have permission to pick your child up after class **(if different from above)**:

Name, Phone: _____

Name, Phone: _____

Name, Phone: _____

WAIVERS:

Emergency Care:

I hereby give my permission to the Academy Art Museum personnel in charge to take necessary medical action in an emergency situation for my child when I am not immediately available.

Signature: _____

Date: _____

Photo Release:

I hereby give my permission to the Academy Art Museum personnel to take photographs of my child to use in Museum magazines, on its website or for other forms of publicity. (Children's names are never used.)

Signature: _____

Date: _____

Guide to Regulated Child Care for Parents:

I have been provided with the website link to the Maryland Office of Child Care's Guide to Regulated Child Care for Parents where I can read and review important information about Child Care in Maryland. The website link is:

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/guide_to_regulated_child_care.pdf

Signature: _____

Date: _____

OFFICE OF CHILD CARE REQUIRED FORMS:

Before your child can be admitted into the Program, you must have these Maryland State forms completed and returned to the Mini Masters Director. Please visit the Mini Masters Website at <https://academyartmuseum.org/events/mini-masters/> to download following forms: Maryland State Department of Education Health Inventory, Maryland Immunization Certification Form and Emergency Form.