



## Registration Form and Policies

Child's name: \_\_\_\_\_ D.O.B.: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Name of Class/ Camp: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address:  
\_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number (s): (\_\_\_\_) \_\_\_\_\_ OR (\_\_\_\_)  
\_\_\_\_\_

***Please list names, numbers, and relationship of any person(s) (other than the parent/guardians listed above) that you authorize to pick-up your child(ren) at the time of dismissal.***

1. Authorized Person Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number (s): (\_\_\_\_) \_\_\_\_\_ OR (\_\_\_\_)  
\_\_\_\_\_

2. Authorized Person Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number (s): (\_\_\_\_) \_\_\_\_\_ OR (\_\_\_\_)  
\_\_\_\_\_

3. Authorized Person Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number (s): (\_\_\_\_\_) \_\_\_\_\_ OR (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

*Please read and sign the following policies, acknowledging your understanding of said policies.*

## **Blue Door Studio Policies**

**115 Pleasant View Ave., Smithfield, RI 02917**

**1. Arrival:** Please use the front entrance./ left door. Students should enter with an adult.

**2. Waiting Room:** Parents/guardians may wait in the waiting room during their child's art class if seating is available, respectfully making space for others during transitional class times. Parents/guardians must remain in the waiting room during class time to maximize the students' focus.

**3. Dismissal:** If someone other than a parent will be picking up your child, you must inform the instructor prior to pick-up. He or she should be listed on the Release of Child Form as well. This person should be prepared to show some form of identification upon pick-up. Students are expected to be picked up on time and leave the studio accompanied by an adult. If an unexpected event should arise, interfering with the time of pick-up, a phone call should be made to the studio (401-383-5050). *\*If this repeatedly occurs, action on behalf of the studio will be addressed with parent/guardian.*

**4. Pick-up:** When picking up your child, please sign the sign-out sheet at the front desk. If someone other than a parent will be picking up your child, you must inform the instructor prior to pick-up via e-mail, a written note, or a phone call. This person should be prepared to show his or her license upon pick-up. Students are expected to leave the studio accompanied by an adult. Students are expected to be picked up on time. If an unexpected event should arise, interfering with the time of pick-up, a phone call should be made to the studio.

**5. Artwork:** Due to limited space, Blue Door Studio is not responsible for storing any artwork or sketchbooks left behind. Please retrieve artwork in a timely manner.

**6. Absences:** There are no longer makeup classes offered. Please plan accordingly.

**Initials:** \_\_\_\_\_

**7. Student Conduct:** Students are expected to follow all Blue Door Studio policies with appropriate direction and guidance from the instructor. All students are expected to perform accordingly without interfering others. If necessary, parents will be informed of

their child's misconduct. The instructor reserves the right to dismiss any student(s) from the registered session depending on the severity of the situation. **Initials:** \_\_\_\_\_

**8. Special Needs:** Parents/guardians are required to inform the instructor of any special needs (physical, mental and or emotional) that their child may have, prior to registration, in order to provide all of our students with the most effective learning environment at our studio. If special assistance is required during the school day, parents/guardians must provide similar assistance for his/her child at the studio as well. **Initials:** \_\_\_\_\_

**9. Parental Supervision Required :** The management reserves the right to require the immediate presence of a parent /guardian to supervise any child, who in the opinion of the management and its observations, requires parental supervision. **Initials:** \_\_\_\_\_

**10. Payments:** Class payments *must* be paid prior to or on the first day of enrollment. **Initials:** \_\_\_\_\_

**11. Photo Release:** *I hereby (circle one) DO or DO NOT grant to the Blue Door Studio and to its employees the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the internet.* **Initials:** \_\_\_\_\_

**12. Student Allergies:** Please make instructor aware of any and all types of allergies that your child has prior to the start of the session and please provide the instructor with the proper procedures/protocol for your child by completing the emergency authorization portion of the registration form below.

***~Please complete the Emergency Authorization information below in order for Blue Door Studio to provide the best possible care in the case of an emergency.***

Preferred Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ *or to the nearest hospital by ambulance in the event of an emergency.* **Initial:** \_\_\_\_\_

**First Aid Care:** *I give permission for the staff of the Blue Door Studio to act on my behalf and provide needed medical assistance including First Aid/CPR assistance in the event of an emergency.* **Initial:** \_\_\_\_\_

**Epi-Pen Protocol:** *I understand that in order for my child to be administered an epi-pen, I must also complete the supplemental Anaphylaxis Emergency Action Plan and have it initialed by my child's pediatrician. (See attached Emergency Action Plan below)* **Initial:** \_\_\_\_\_.

***I, as Parent/Guardian of \_\_\_\_\_, hereby indemnify and hold the Blue Door Studio harmless (including without limitation, Blue Door Studio***

***employees, agents and any other person acting on behalf of Blue Door Studio) for any and all liability of any kind or nature arising from any and all medical assistance provided to said child/student.***

***I HAVE READ AND INITIALED THE ABOVE AUTHORIZATIONS AND POLICIES:***

**Printed Parent/Guardian Name:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_ **Parent/Guardian Signature:**

\_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

*All students must have a completed form on file in order to attend the Blue Door Studio. Please return your completed registration form prior to enrollment at the Blue Door Studio and contact us if updates are necessary at any time. Thank you!*

***-Claudia Venditto***

**Waiver:**

Although the safety and well being of your child(ren) are our top priority at the Blue Door Studio, we will not be responsible for any injury(ies), claims, and/or any other liability arising from your child's attendance and participation in our services and programs at our studio, and/or for any lost property left behind by your child; and, by signing this waiver form, you agree to indemnity and hold us harmless from any and all injury(ies), claims, causes of action, and/or any other liability arising from your child's attendance and participation in our services and programs at the Blue Door Studio. Thank you for your support! It is a pleasure to have your child(ren) at our studio.

Name of Parent/ Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_