

Capitol Hill Arts Workshop

Parent Contact Information

1 st Parent Name:			Today's Date:	
Mailing Address:		Home Phone Number:		
City:	State:	Zip Code:	Work/Day Phone Number:	Cell Phone Number:
2nd Parent Name & Phone Number:			Email Address:	

****How did you hear about CHAW?**

****How many classes have you taken at the Workshop?**

Course Selection

Student Name	Birthdate	Course Name	Course Code	Tuition & Fees

Youth Arts Program Van Service Information

School Name, Grade & Teacher:	Please indicate days needed (\$126/day; included in full week package price) Monday ___ Tuesday___ Wednesday___ Thursday ___ Friday ___
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Sign Me Up for a Membership! (10% off classes for a year)

\$35 Individual (Adult Only)	\$60 Dual:	\$75 Family:	I'm already a Member
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Payment Information

Work Number:	Cell Phone Number:	Check #	
Class Tuition Fees:	Van Service Fees:	Visa/MasterCard/America Express #:	Exp. Date:
Membership Fees:	Membership Discount:	Would you like to contribute to our Tuition Assistance Program? (This is a tax-deductible gift.) \$_____	
Grand Total (include \$10 registration fee for new students):		Signature:	
Please check here ___ and call the office at (202) 547-6839 if you would like to set up a monthly payment plan.			

Capitol Hill Arts Workshop
Policies Agreement

- **Registration Fee:** There is a one time \$10 Registration Fee per family.
- **Payment:** Payment in full is appreciated, but payment plans are available. This can be done by either providing a valid credit card number or leaving post-dated checks for 3 monthly installments. An authorization form must be completed in order to do this. All balances must be paid by the end of the current semester. Re-enrollment will not be allowed until balance is paid in full. The Arts Workshop accepts VISA, MasterCard, and American Express. Please make checks/money orders payable to the Capitol Hill Arts Workshop (or CHAW). All returned checks and late payments are subject to a \$25 fee.
- **Membership:** You do not have to purchase membership in order to enroll in classes at the Arts Workshop. However, membership provides you with 10% discount on all classes at the Arts Workshop for a period of one year. In addition, it provides for other discounts at area businesses. Membership discount excludes private music instruction, and cannot be combined with any other discounts or package deals. When registering for classes, please mention your membership to Arts Workshop staff.
- **Cancellations:** If any course has insufficient enrollment, the Arts Workshop reserves the right to cancel the course and all money paid will be refunded within 15 business days after notification of cancellation.
- **Enrollment:** Please note that the Arts Workshop has a set minimum and maximum class size for very specific reasons and therefore cannot change that set number for any particular class. In addition, we must abide by our set age requirements for our youth classes as the courses are created accordingly.
- **Weather Policy:** In general, the Arts Workshop follows the closings of DC Public schools. Sometimes we will open for evening classes or open on time even if the school system decides not to. You may call the office (202) 547-6839 to confirm the Arts Workshop's schedule during severe weather. If inclement weather occurs later in the afternoon, evening or on a Saturday, the Arts Workshop reserves the right to close and cancel activities. Classes cancelled due to inclement weather will be made up, if calendar and space permit.
- **Make-Up Week:** Most adult and early childhood classes have a make-up day built into the schedule, to accommodate inclement weather or an instructor's absence; there are no make-up classes to accommodate student absences.
- **Withdrawals:** 100% tuition **refund** is given prior to the first day of class, 75% tuition **credit** is given prior to second class. All withdrawals must be done in writing via email or postal mail. No verbal notifications will be accepted.
- **Dismissals:** The Arts Workshop reserves the right to dismiss any student because of disciplinary problems and/or past due tuition payments. Students dismissed will not receive tuition credits or refunds.
- **Photo/Video/Recording Release:** I hereby give my consent to the photographing, videotaping, and recording of my self, my artwork and my performances, or those of my child. The Arts Workshop is authorized to use or cause to be used all photography, videotaping, recordings and my name for advertising, publicity, commercial or other business purposes. Others may use and/or reproduce said photographing, videotaping, and recording with or without the Arts Workshop's consent. I release the Arts Workshop and its entire staff, faculty, customers, and the Arts Workshop's appointed advertising agencies and their staff, faculty, and customers from all claims of any kind on account of such use.

Our staff and faculty strongly believe in the mission, vision, and values of the Arts Workshop and will do all that is possible to uphold them. Our policies are here to effectively create an atmosphere where students can engage in building connections, participate actively, and grow individually through the arts. We appreciate your support in making this possible.

X: _____
Parent or Adult Student Printed Name

X: _____
Parent or Adult Student Signature

Date: ____/____/____

Capitol Hill Arts Workshop Medical & Liability Release

Parent Contact Information

1 st Parent Name:			Student's Name:		Today's Date:
Mailing Address:			Birthdate:	Age:	School:
City:	State:	Zip Code:	Teacher:	Grade:	Dismissal Time:
Home Telephone Number:			Work/Day Telephone Number:	Cell Phone Number:	
2 nd Parent Name:		Home Number:	Work/Day Telephone Number:	Cell Phone Number:	

Emergency Contacts (other than parents)

Name	Relation	Work/Day Telephone:	Home Telephone	Cell Phone:

Confidential Medical Information

Student's Physician:		Physician's Phone:	
Does your child have any chronic medical conditions, illnesses, or physical limitations that might inhibit his or her ability to participate in class activities?		Does your child take any medications regularly?	If yes, please describe the conditions being treated and the medication(s) type, dosage, and frequency:
Does your child have any dietary restrictions?	Does your child have any allergies?	If yes to allergies, please list them and describe treatment for each type of allergic reaction:	
Does your child take children's Tylenol/Advil?	What dosage?	Should we contact you before administering children's Tylenol/Advil?	
Does your child have any other special needs?		If yes, please explain:	

Liability Release:

Agreement to release assumption of risk and to hold harmless; I am aware that there are certain inherent risks involved in participating in educational, recreational, and/or performance activities, including but not limited to the risk of theft, damage to personal property, and/or personal injury. In consideration of my being granted permission for my child/ward to participate in these activities and to use the facilities of the Capitol Hill Arts Workshop, I hereby agree to hold harmless and indemnify the Capitol Hill Arts Workshop, its officers, directors, agents, contractors, sub-contractors, and employees from any and all claims, losses, damages, injuries, fines, penalties, and costs. (including court and attorney fees), charges, liabilities, and/or exposures, however caused, resulting from, rising out of, or in any way connected in participation by my child/ward in any Capitol Hill Arts Workshop activity. I authorize the CHAW staff and my medical personal to take any appropriate and necessary emergency medical actions, which my child/ward may require, in the event that I am unable to be contacted immediately. By signing below, I certify that I have read and understand this agreement to release assumption of risk and to hold harmless and my signature I here to agree to its terms. I hereby give my child/ward permission to participate in the Arts Workshop's educational, recreational, and/or performance activities.

Late Policy:

Please review the enclosed sheet outlining general information, including the Capitol Hill Arts Workshop's late policy, and sign below. By signing below, I declare that I have read and understand the conditions outlined in the enclosed general information sheet. I understand that classes end at 5:00pm and 6:00pm Monday thru Thursday, and at 5:30pm on Fridays. I understand that a later charge of \$10 will be applied for every fifteen minutes, or portion thereof, that I am late in picking up my child. I understand that these late charges begin at 5:15pm and 6:15pm Monday thru Thursday and 5:45pm on Fridays. I also understand that if I make alternate arrangements for the pickup of my child, I must notify the Arts Workshop, preferable in writing.

Print Name:	Signature/Initial:
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Capitol Hill Arts Workshop
www.chaw.org

Phone: 202.547.6839 Fax: 202.543.1723
registration@chaw.org