

SUMMER YOUTH ART & HIGH SCHOOL INTERNSHIP

Registration Form



Please complete one registration form for each family (both sides).

Fax: (203) 756-6283 or Email: heather@mattmuseum.org

Mail to: Mattatuck Museum • c/o Education Department • 63 Prospect Street • Waterbury, CT 06702

Parent/Guardian's Full Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ Zip Code _____

Email _____

___ Please check here if you and/or your child(ren) **do not** wish to be photographed for press and publicity.

How did you hear about us? Flyer Online Facebook Friend/Family Other: _____

Emergency Contact

In case of accident or serious illness, I request that I/we be contacted. I hereby give permission for emergency medical treatment, which may include, but is not limited to, initial diagnostic x-rays and other such procedures as the physician may deem necessary for the preservation of health. I agree to assume all costs related to such treatment. I hereby waive and release Mattatuck Museum directors, staff, teachers, and volunteers from and against all claims and medical and legal costs associated with my child(ren)'s program participation.

Name _____ Best Phone _____ Relation to Child(ren) _____

Participant(s) Information *(To enroll 3 or more children please fill out the section below on an additional copy of this form and attach.)*

1st Child: First Name _____ Last Name _____ Age ____ Gender _____

Summer Youth Art: Monday–Friday 9:30 a.m.-3:30 p.m. High School Internship: Monday–Friday 11:30 a.m.-3:30 p.m. Drop-off begins 15 min. before program starts / Pick-up 3:30-3:45 p.m.	Summer Youth Art Session 1 (ages 5-13) July 20-24	Summer Youth Art Session 2 (ages 5-13) July 27-31	HS Internship (ages 14-18) August 3-7
<input type="checkbox"/> High School Internship \$200 per child (Members:20)	\$_____		
<input type="checkbox"/> Summer Youth Art Per Session: \$200 (Members: \$160) / \$175 per additional child (Members: \$140)		\$_____	\$_____
<input type="checkbox"/> After Care (3:30-4:30 p.m.) - Self-guided, free drawing time \$50/week per child	\$_____	\$_____	\$_____
TOTAL COST (for each week):	\$_____	\$_____	\$_____

2nd Child: First Name _____ Last Name _____ Age ____ Gender _____

Summer Youth Art: Monday–Friday 9:30 a.m.-3:30 p.m. High School Internship: Monday–Friday 11:30 a.m.-3:30 p.m. Drop-off begins 15 min. before program starts / Pick-up 3:30-3:45 p.m.	Summer Youth Art Session 1 (ages 5-13) July 20-24	Summer Youth Art Session 2 (ages 5-13) July 27-31	HS Internship (ages 14-18) August 3-7
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TOTAL COST (for each week):	\$_____	\$_____	\$_____

Help support the Museum and benefit now!

Join the Museum as a household member or higher and save on programs, receive mailings of news & events, free admission and more!

___ Household Membership: \$70 ___ Sustaining Membership: \$150

GRAND TOTAL: \$ _____

Full and partial scholarships available. Fill out the scholarship request form and submit with this application.

Questions? Contact Heather Whitehouse at (203) 753-0381x117 or heather@mattmuseum.org.

Payment Options: My check is enclosed Please charge my credit card I paid online at mattmuseum.org

Card Number _____ Exp. Date _____

Signature _____

SUMMER YOUTH ART & HIGH SCHOOL INTERNSHIP PROGRAM POLICIES

Registration and Payment

Advance registration is required. Registration is accepted by mail, fax, or email. Phone registration is not available. A minimum of 50% deposit must be made at the time of registration, which guarantees your enrollment. The remainder of the payment must be received by the Friday prior to the week that your child is scheduled to attend. No child may attend the program until the payment is received in full. Payments can be made by credit card (VISA, Master Card, AMEX, and Discover) or by check.

All sessions must have a minimum number of participants registered in order to be offered. If a session is canceled by the Mattatuck Museum payment may be applied to a different week of Summer Youth Art or a refund will be issued in the same manner that payment was received. In case of cancellation, you will be notified 2 weeks before the first day of the program. No Refunds will be granted for absenteeism. If a registrant fails to attend the program due to vacation travels or if a parent decides to take that child out of the program, no refund or credit will be offered. Refunds minus a \$50 processing charge will be available to those who cancel their registration a minimum of two weeks prior to the start of a session.

Weekly session rates are as follows (Members receive 20% off registration):

High Internship: \$200per child (Members: \$160)

Summer Youth Art: \$200/week for the first child (Members: \$160) and \$175/week for each additional child (Members: \$140 per child)

Student Drop-off and Pick-up

All students should be dropped off no earlier than 11:15 a.m. for High School Internship and 9:15 a.m. for Summer Youth Art. Parents/Guardians can park in the lot at Rose Hill (63 Prospect Street). Proceed to the main entrance located at the ramp to the right of the building and proceed to the Visitor Services desk. Drop-off and pick-up will take place in the Museum Galleries on the first floor. Pick-up time is between 3:30 and 3:45 p.m. If you will be picking up your child late, we request that you inform the Museum as soon as possible. In the case that a student is not picked up within 15 minutes after the close of the program the parent/guardian will be contacted and charged an additional \$10 per child.

We offer affordable After Care (3:30-4:30 p.m.) to accommodate a parent/guardian's work schedule. The cost for After Care is \$50 per child per week.

Check-in/out

Every parent/guardian must sign their child(ren) in upon arrival and sign their child(ren) out during pick-up. No child will be permitted to leave if they have not been signed out. A photo I.D. must be presented at pick-up and only adults listed below will be allowed to sign a child out of the Museum. The Museum must receive written permission from a parent/guardian if a child is being permitted to drive themselves.

1. Name _____ Relation to Child(ren) _____

2. Name _____ Relation to Child(ren) _____

Behavior

In order to provide a safe environment for all, we expect everyone to adhere to the guidelines set in place. All students are required to listen and follow directions; help clean up after activities; be kind and respectful to the other participants, teaching artists and staff; and keep hands and feet to themselves. The Mattatuck Museum has a zero tolerance policy for fighting, or harassment of any sort. Students and their parent/guardian will be asked to follow the behavioral guidelines outlined above. The Mattatuck Museum will operate on a "3 strike" policy for behavior challenges during the program, though some offenses may result in the immediate dismissal from the program. This policy is as follows:

First offense: The student and the behavior challenge will be addressed by Museum staff. They will receive a verbal warning. Parent/Guardian will be notified at the end of the camp day.

Second offense: The student and the behavior challenge will be documented. Parent/Guardian will receive a copy of the form.

Third Offense: The student and the behavior challenge will be addressed by Museum staff. Parent/Guardian will be notified, and depending on the offense, the student may be dismissed from the program and not allowed to return.

Mattatuck Museum staff reserves the right to dismiss anyone from the program who displays inappropriate behavior and is a consistent disruption in the group. A student whose behavior has been deemed inappropriate will be required to leave. Refunds will not be granted for any student who has been dismissed as a result of their behavior.

Lunch/Snack & What to Wear

Supervised lunch takes place from 12:00-12:30 p.m. and students will have an afternoon snack break. Please bring a bagged lunch, bottled drinks, and snacks (all peanut-free). Lunches will be refrigerated, however, there is no access to a microwave. Students should dress comfortably each day and plan on getting messy or bring a smock.

The Museum welcomes children of all abilities. Making us aware of any special needs or considerations is greatly appreciated and helps museum educators and teaching artists ensure a successful learning experience. Please list any known allergies/other conditions requiring special consideration:

I, and my child(ren), have read the details and policies outlined in this document. We agree to the terms stated and are prepared to follow the guidelines set forth by the Mattatuck Museum.

Print Name _____

Signature Parent/Guardian _____ Date _____