



Formerly The Gallery School of Pottstown @ Gallery on High

254 E. High Street, Pottstown, PA 19464
610-326-2506 * www.artfusion19464.org

The mission of ArtFusion 19464 is to enrich the lives of the residents in the greater Pottstown area through the visual arts, regardless of ethnicity and economic situations. Our goal is to spark creativity, build self-confidence and develop community bonds through education, mentoring and community service.

Child/Teen Class Registration

To Register: You may register in person, on our website or over the phone. Full tuition must be paid at the time of registration. Make checks payable to: ArtFusion 19464. There is a \$15 charge on returned checks. Credit card receipts are available upon request. Your full payment confirms class registration unless notified by ArtFusion. To secure placement in class, we recommend registering early.

Class Cancellation: We will notify all registered students in the event of cancellation and full refunds will be returned.

Refunds & Pro-Rating: A \$15 processing fee will be charged on all refunds (unless class was cancelled by us), for students who cancel up to one week prior to class. Up through the second week of class: 75% tuition less the \$15 processing fee will be refunded. No refunds for one or two day workshops will be issued. Membership fees are non-refundable. We do not pro-rate any class due to late registration or missed classes. Extreme circumstances can be made in writing and forwarded to the director.

General Information: ArtFusion 19464 is a non-profit art school. We reserve the right to cancel classes due to low enrollment. All students will be notified by phone. Adult, teen and children's supplies are included unless otherwise stated. We offer scholarships to those who demonstrate financial need

Today's Date:		Registration valid until:		Office use only: T R S	
Class attending			Session		
Student Name:		Age:	Membership number:		
Parent/Legal Guardian Name:					
Address:					
City:		State:		Zip:	
Home Phone:		School District:			
Student Cell Phone:		Student Email:			
Parent Cell Phone:		Parent Email:			
Please circle any item we need to be aware of:					
Allergies		Medication Needed		Behavior	
				Medical issues	
				Other	
Please Explain:					
In the event of an emergency we will first contact the parent's cell. In the event we can't contact anyone at the above number, please let us know whom we can contact.					
Name:		Relation:		Phone:	
Name:		Relation:		Phone:	
Primary Physician:		Phone:			
<p align="center"><i>ArtFusion reserves the right to take pictures of students and/or students' work for promotional materials.</i> <i>If you would NOT like us to do this, please attach a signed note to this form saying we cannot take pictures of your child.</i></p>					
How did you hear about ArtFusion?					
How would you prefer we keep you updated about events and classes?					
If you were referred to us, whom can we thank?					
Would you consider volunteering for our non-profit art center?					
In what capacity could you best assist?					
Additional Comments:					
Student signature:				Date:	
Parent signature :				Date:	



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CONSENT & RELEASE

I, _____ (name of legal guardian) on my own behalf and on behalf of my son/daughter/minor child, _____ (name of child – hereinafter referred to as “Student”), hereby allow such Student for whom I am the legal guardian, to participate at ArtFusion 19464 Art Class (hereinafter referred to as “Art Class”) sessions. In consideration of ArtFusion 19464 making this opportunity available to the Student, I hereby agree to release, indemnify and hold harmless ArtFusion 19464 (and their officers, employees, agents, volunteers, and Board Members), from and against any and all claims, demands, liabilities, losses or expenses, including attorney fees, and including injury to Student or other party, associated with Student’s participation in Art Class (including but not limited to those arising in connection with field trips, and any transportation to and from such field trips, the use of the School’s equipment or facilities, and those arising from any act or omission of third party due to student’s own conduct). I further agree that is any part of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will appropriate authority to be invalid, and the remainder of the agreement nevertheless will remain in full force and effect. I further acknowledge that I have read and understand this Consent and Release, and voluntarily agree to be legally bound by its terms.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Print Name of Student

Date

Age

Medical Waiver

I hereby grant ArtFusion 19464 (and their officers, employees, agents, volunteers, and Board Members), permission, at their discretion, to seek and authorize emergency medical treatment for my child and I hereby agree to assume all medical costs incurred. I have attached any additional medical information, that ArtFusion 19464 need by aware of, about my child to this form.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Print Name of Student

Date

Age

Classes must be paid for in full prior to first day. Thank you.

Make check payable to ArtFusion 19464

ArtFusion 19464 admits students of any race, color, national origin and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.