



Enrollment Form

A completed form must be received for your child to attend any program. Forms are valid for one year, after which a new form is required. Send completed forms to info@phillyartcenter.com prior to program start dates. No paper forms will be accepted, digital copies only, please.

By signing this enrollment form, I enroll _____ (the child), whose date of birth is: _____/_____/_____ and agree to the following:

EMERGENCY CONTACT AND MEDICAL INFORMATION

- I agree to notify the Art Center if there are any changes to the medical information.
- In the event of an emergency, we will contact you on the phone numbers listed in your Art Center account, please ensure that all information there is current. If you are unreachable, we will contact the following people, in the order they are listed:
 - Name: _____ Phone _____ Relationship: _____
 - Name: _____ Phone _____ Relationship: _____

Does your child have any allergies to food, medication or insects? ____ Yes ____ No
If so, please describe, if not, please skip to the next section.

If your child utilizes an Epi-pen, Benadryl or Inhaler, your signature is required below. Philly Art Center representatives will administer Epi-Pens, Benadryl & Inhalers in case of emergencies ONLY. You must provide Epi-Pen, possible Benadryl & inhalers in a labeled bag with clear directions included. I hereby authorize Philly Art Center and/or its representatives to administer an Epi-Pen, Benadryl and/or Inhaler to my child named above, according to the written directions included with the Epi-Pen or Inhaler that accompany my child to the Art Center.

Parent/Guardian's Signature: _____ Print Name: _____

- We pay close attention to each child's social-emotional and general needs. Do you have any other information that we should be aware of, such as specific learning needs or a mental or physical condition? If so, please explain.

- No child will be allowed to be picked up by an adult other than a parent/guardian unless previously communicated to Art Center Administration. Please list all adults other than parent/guardian authorized to pick up your child.

MEDICAL RELEASE

- I authorize Philly Art Center to act in the place of parent/guardian of the student should any emergency medical or surgical treatment or hospitalization be required during the time this child is enrolled in our programs. It is understood that Philly Art Center will make every effort to contact the parent/guardian or the emergency contact listed on this form before acting on this authorization.

RELEASE

I, parent/guardian of the above named child, hereby give my permission for my child to participate in any and all Philly Art Center, Art Mark LLC, programs and activities including field trips off-site, by foot and/or by public bus. I authorize Philly Art Center, Art Mark LLC, and its authorized representatives, to take whatever actions it may consider warranted under the circumstances regarding my child's health and safety. I hereby waive, release, absolve, indemnify, and agree to hold harmless the Philly Art Center, Art Mark LLC, its directors, teachers, staff, volunteers and authorized representatives, for any claims, damages, losses or liability, including any injury to my child while participating in its programs or activities. I also hereby waive, release, absolve, indemnify, and agree to hold harmless the Philly Art Center, Art Mark LLC, its directors, teachers, staff, volunteers and authorized representatives, for any claims, damages, losses or liability, including any injury to my child in connection with walking or taking public transportation to attend or leave any programs or activities at any of its art studios. If my child attends programming in Cherry Hill, New Jersey and rides the Katz JCC bus from school to the studio, I hereby waive, release, absolve, indemnify, and agree to hold harmless the Philly Art Center, Art Mark LLC, and Katz JCC, their directors, teachers, staff, volunteers and authorized representatives, for any claims, damages, losses or liability, including any injury to my child in connection with transportation on the Katz JCC bus.

- We seek a partnership with our families for your child's success in our art programs. I understand that my child may be released from the program if the child or parent/guardian's behavior is inconsistent with program expectations, e.g. verbal or physical abuse to staff or other children, or for other reasons that do not violate federal, state or local law. We will work with a family to take constructive steps to find a solution that resolves the problem before disenrollment occurs.
- I understand that photographs and videos may be taken for publicity purposes. I give permission for my child's image to be used in promotional material and on social media.

Parent/Guardian's Signature: _____ Date: _____

Print Name: _____ Relationship: _____



Parent/Guardian Agreement

To protect our students and staff, I agree to keep my child at home if he/she has:

- Fever (a temperature of 100° or more)
- Cough
- Sore throat
- Chills
- Muscle pain
- Headache
- New loss of taste or smell
- Nausea/Vomiting/Diarrhea
- Congestion/Runny Nose

If my child has any of these signs of COVID-19, I will not send him/her back to Philly Art Center until:

- My child tested negative for COVID and is otherwise well enough to go back to school **OR**
- A healthcare provider has seen my child and documented a reason for the symptoms other than COVID **OR**
- All are true: 1) at least 10 days since the start of symptoms AND 2) fever free off anti-fever medicines for 3 days AND 3) symptoms are getting better.

If my child is diagnosed with COVID-19, I will not send him/her back to Philly Art Center until the following:

- It has been at least 10 days since my child first had symptoms **AND**
- My child has had no fever off anti-fever medicines (ex: Tylenol, Ibuprofen) for 3 days **AND**
- My child's symptoms are getting better

If anyone in my household is exposed, suspected or diagnosed with COVID-19 I will not send my child/ren to PAC and will contact them to establish a return plan. If anyone in my household develops new cough, shortness of breath or has a 100° fever or higher, or any of the TWO symptoms above, I will get that person tested for COVID-19 or seek alternate diagnosis from primary physician. Upon notice or observation of any of these scenarios, I will contact PAC immediately to set up a return strategy that aligns with all safety protocol. info@phillyartcenter.com.

Child's name: _____

Parent/guardian name: _____

Parent/guardian signature: _____

Date: _____



Parent Release for Communicable Diseases Including COVID-19

Directions: A completed waiver must be received for your child to attend any drop-off class, vacation camp, summer camp or after school program. Forms are valid for one year, after which a new waiver is required. Please email to info@phillyartcenter.com ahead of your program start date for all locations.

Child's Name: _____ Date of Birth: ___/___/_____

Parent Names: _____ Date of Birth: ___/___/_____

If attending with Nanny (Nanny must also sign): _____ Date of Birth: ___/___/_____

ASSUMPTION OF RISK/WAIVER OF LIABILITY/INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in PAC programming, the undersigned parent/guardian of the above named child, hereby acknowledges and agrees that:

Participation includes possible exposure to and illness from infectious diseases including but not limited to influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and

I authorize Philly Art Center, Art Mark LLC, and its authorized representatives, to take whatever actions it may consider warranted under the circumstances regarding my child's health and safety; and

I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my child's participation, I will remove my child from participation and bring such to the attention of PAC's director immediately; and

I, for myself and on behalf of my child, and all of our heirs, assigns, and personal representatives, **hereby release and hold harmless** Philly Art Center, Art Mark LLC, its director, teachers and all employees and authorized representatives, ("Releasees"), with respect to any and all illness, disability, death or damage to any persons that may occur, whether arising from the negligence of Releasees or otherwise, either directly or indirectly, as a result of my child's participation in PAC programming; and

I knowingly and freely assume all such risks of exposure to infectious diseases, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my child's participation.

This will certify that I, as parent/guardian, with legal responsibility for this participant, have read this release of liability and assumption of risk, fully understand its terms and that I have given up substantial rights by signing it. I certify that I have explained the provisions in this waiver/release to my child to the extent he/she is able to understand it, including the risks of presence and participation and his/her personal responsibilities for adhering to the rules for protection against communicable diseases. I, on behalf of myself and my child, do consent and agree to our release provided above for all of the Releasees and agree to indemnify and hold harmless the Releasees for any and all liabilities arising from my minor child's presence or participation, to the fullest extent provided by law.

Guardian's Signature: _____ Date: _____

Print Name: _____ Relationship: _____

Nanny Signature (If attending) _____ Date: _____



COVID-19 Screening Tool

Date: _____

Student Name: _____

Grown-Up Name *(For Toddler Classes Only): _____

1. TEMPERATURE: _____ °F *(Grown-Up Temperature: _____ °F) Temperature taken on-site or Temperature taken at home

If temperature 100°F or higher → Please DO NOT ATTEND

2. SYMPTOMS

Do you have any of the following?

Cough Shortness of breath

If YES to either → Please DO NOT ATTEND

NONE *(Grown-Up: NONE)

OR

Chills Sore throat

If YES to 2 or more → Please DO NOT ATTEND

Nausea/Vomiting/Diarrhea Muscle pain

Headache New loss of taste or smell Congestion/Runny Nose

NONE *(Grown-Up: NONE)

3. EXPOSURE

Have you been exposed to anyone with a confirmed case of COVID-19 in the past 14 days?

YES NO *(Grown-Up: NO)

If YES → Please DO NOT ATTEND

Comments:

Signature: _____