

Participation Agreement for Petite Artistes Classes

Connections Learning, LLC

This form must be completed by a parent or legal guardian of the child being enrolled in a Connections Learning class.

_____	_____	_____
Child's Name	Age	Preschool
_____	_____	_____
Parent's Name	Daytime phone	Mobile phone
_____	_____	
Email address	Home phone	

Class registering for: _____

Session: _____

Emergency Contact

I understand that the participant may only be released to a parent or guardian. Release to another person must be given in writing prior to the end of class and will require a driver's license as identification.

In the event of an emergency, the parent listed above will be notified first. Please list additional emergency contacts below in case the parents are unable to be notified.

_____	_____	_____
Name of Contact 1	daytime phone	relationship
_____	_____	_____
Name of Contact 2	daytime phone	relationship

Special Needs

Please list below any special needs, allergies, learning disabilities, or other information that will help our teachers make the child's experience a positive one: _____

Fee Policy

Full payment for the program must accompany each participant's registration. Any check returned is subject to a \$30.00 reprocessing fee, plus bank fees. Checks are payable to **Petite Artistes**. You can also pay via PayPal. Please go to www.petiteartistes.com for more information.

(Please see other side)

Late Pick Up Fee Policy

Connections Learning LLC requires that a parent or guardian call us at GUMC Nursery School (410) 489-7702, Temple Isaiah (301) 317-1101, Bet Yeladim (410) 531-2091 or Maple Lawn (443) 413-6927 if he/she suspects that he/she will be late picking up the participant. This phone call is only to reassure the child. A late pick-up fee of \$20.00 will be charged to the parent and is payable upon pickup of the child that day.

Policies, Rules and Regulations

Connections Learning LLC reserves the right to cancel classes, including, but not limited to, low enrollment. Make-up classes are not given for any missed classes or sessions. In the event of inclement weather, the decision to cancel and/or reschedule a class rests solely in the discretion of Connections Learning LLC. This Agreement shall be governed and construed under laws of the State of Maryland.

Medical Attention

I agree that in the event the participant is involved in an incident that requires medical attention, the undersigned will be responsible for making the all the decisions related to all medical and survival procedures for the participant while participant is enrolled in the program, including, but not limited to, the decisions about medical care, the administration of drugs, and the performance of any and all life sustaining procedures. The undersigned further agrees to make any and all arrangements for the participant's transportation and admittance to any hospital, health center, or medical clinic in the event of an emergency situation involving the participant. In the event that the parent or emergency contact cannot be reached during the medical emergency, the undersigned gives Connections Learning LLC permission to make decisions regarding any and all medical and survival procedures for the participant. The undersigned agrees that Connections Learning LLC, its owners, employees, volunteers and staff will not be held responsible for any accident or losses, however caused.

Release of Liability

The undersigned waives any and all claims or actions that may arise against Connections Learning LLC, as well as its owners, employees, volunteers and staff as a result of any injury, loss, theft, or damage to any such person, including and without limitations, personal, bodily or mental injury, economic loss or any damage to participant. The undersigned agrees to defend, indemnify and hold Connections Learning LLC harmless against any claims (including reasonable attorneys' fees) arising out or resulting from acts or omissions of the participant or me or the breach by me or the participant of this Agreement.

I am the parent(s) or legal guardian(s) of the above referenced participant and I hereby certify that I have read and understand this entire Agreement and agree to and accept its terms and conditions. I further agree that the participant will abide by all rules and policies of Connections Learning LLC, which are subject to change and which, in the opinion of Connections Learning LLC, are deemed necessary and reasonable for the best interests of the participants of Petite Artistes and Science Stars classes. Finally, no student will be admitted to any of our classes without this Agreement form completed in its entirety.

Signature of parent or legal guardian

Date

(Please see other side)