



11 Ford Avenue
Oneonta, NY 13820
cano.arted@gmail.com
607 432 2070

CANO Summer Art Program Registration Form

- **Enrollment for the Summer Art Program begins on June 1st at noon**
- Registration is on a first-come, first-served basis. Space is limited
- Payment is required upon registration to reserve the space
- Summer Art Program is designed for children between ages 6 and 13
- Each week at art camp is different, so be sure to register for multiple weeks throughout the summer for an immersive art experience! We will have a variety of artists working throughout the summer to provide a variety of creative art endeavors!

Further Information

- Summer Art Program is from 9 am to 1 pm. CANO does not offer extended care
- Campers must pack a nut-free snack every day to eat during a supervised break
- Parent/guardian must sign child into the summer art program and sign out upon pick-up
- Art is messy! Children must wear clothing that can get paint, ink, and other mediums on them. Children must also wear closed-toe shoes; no flip-flops or sandals
- Art mediums and materials are included in tuition
- Please contact the Summer Art Program Coordinator, Dez Dupont, by phone at 607 432 2070 or by email at cano.arted@gmail.com for more information

Medical or Other Needs

It is your responsibility to let our teachers know of any medical or other needs that your child has. CANO is not responsible for the administration of medication, with the exception of an epipen in emergency situations. Please fill the Consent to Treatment form below

Cancellation Policy

A refund equal to half of tuition paid will be granted for cancellations made two weeks before the program start date. No refunds will be made for cancellations made less than two weeks prior to program start date. Please notify us immediately of any cancellations. Full refunds will only be granted if the program is canceled. NB! Payment is required upon registration

Disciplinary Policy

To ensure that everyone has a safe and enjoyable experience, disruptive or dangerous behavior will not be tolerated. While teachers will make every effort to redirect behavior, parents will be called and asked to pick up their child if problem behavior persists. There will be no refund of class fees if a child must leave due to behavioral issues

Participant 1 Information:

Full Name: _____

Preferred name/Nickname: _____

Participant Date of Birth: ____/____/____

Address: _____ City: _____

State: _____ Zip: _____

Guardian Name: _____

Phone number: ____/____/____

Alternative or Emergency Phone number: ____/____/____

Please list the dates below that this child would like to participate in the CANO Summer Art Program:

____/____; ____/____; ____/____; ____/____; ____/____;

____/____; ____/____; ____/____; ____/____; ____/____;

____/____; ____/____; ____/____; ____/____; ____/____;

____/____; ____/____; ____/____; ____/____; ____/____;

____/____; ____/____; ____/____; ____/____; ____/____;

Number of Days: ____ x \$35 per day = Amount Due: _____

Date Paid: ____/____/____

Payment is required upon registration

Participant 2 Information:

Full Name: _____

Preferred name/Nickname: _____

Participant Date of Birth: ____/____/____

Please list the dates below that this child would like to participate in the CANO Summer Art Program:

____/____; ____/____; ____/____; ____/____; ____/____;

____/____; ____/____; ____/____; ____/____; ____/____;

____/____; ____/____; ____/____; ____/____; ____/____;

____/____; ____/____; ____/____; ____/____; ____/____;

____/____; ____/____; ____/____; ____/____; ____/____;

Number of Days: _____ x \$35 per day = Amount Due: _____

Date Paid: ____/____/____

Payment is required upon registration

Dismissal

I hereby grant permission to the following person(s) to pick up my child:

Full Name: _____

Relationship: _____

Full Name: _____

Relationship: _____

Signature: _____

Date: ____/____/____

Early Dismissal

I hereby grant permission for the early release of my child (e.g. to attend the YMCA)

Signature: _____

Date: ____/____/____

Media Release

I hereby grant permission to record my child's/ward's likeness and/or voice for use by television, films, radio, or printed media to further the aims of CANO in related campaigns and magazine articles, booklets, posters and in any other ways they may see fit. I give permission for my child to be photographed by CANO either individually or as part of a group participating in summer art program activities, including offsite trips. These photographs may be used on various camp brochures, posters, postcards, reports, an Internet site, CANO's social media sites, and/or as part of a slide presentation to promote participation and interest in the camp

Signature: _____

Date: ____/____/____

Consent for Medical/Surgical Care/Emergency Treatment and Child's Medical Information

In presenting my son/daughter for diagnosis and treatment

Name: _____ for _____

Mother Father Legal Guardian Son Daughter

of _____ years of age, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and certify that I understand its contents.

We/I hereby give our (my) consent to _____
(Name of Person/Agency)

who will be caring for our (my) child _____
(Name of Child)

for the period _____ to _____ to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of our (my) child.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name: _____

Family physician: _____

Address: _____

Telephone no.: _____

Name of health insurance carrier: _____

Child's allergies, if any: _____

Date of last tetanus booster: _____

Medicines child is taking: _____

Signature: _____

Date: ____/____/____

Mother, Father, or Legal Guardian