



2019 CANO Summer Art Program Basics

- Enrollment for the Summer Art Program begins on May 20th
- 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 (although we're flexible on this)
- Each week 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
- Attendees 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. We recommend that children wear closed-toe shoes for their own protection
- Art mediums and materials are included in tuition
- We will be open on Wednesday, the 4th of July, if we have sufficient enrollment
- Please contact the Education Coordinator, Annie Kuhn, by email at art-education@CANOneonta.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 (provided by parent) in emergency situations. Please fill the *Consent to Treatment* form.

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. 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.



2019 Registration Form

Date : _____

Parent/Guardian Name(s): _____

Email Address: _____

Phone number: _____ Alternate Phone: _____

Address where child (children) reside(s): _____

City: _____ State: _____ Zip: _____

Participant 1 Information:

Full Name: _____

Preferred name/Nickname: _____

Participant Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Please choose your dates for the CANO Summer Art Program:

Week 1 (7/1-7/5) M _____ Tu _____ W _____ Th _____ F _____

Week 2 (7/8-7/12) M _____ Tu _____ W _____ Th _____ F _____

Week 3 (7/15-7/19) M _____ Tu _____ W _____ Th _____ F _____

Week 4 (7/22-7/26) M _____ Tu _____ W _____ Th _____ F _____

Week 5 (7/29-8/2) M _____ Tu _____ W _____ Th _____ F _____

Week 6 (8/5-8/9) M _____ Tu _____ W _____ Th _____ F _____

Week 7 (8/12-8/16) M _____ Tu _____ W _____ Th _____ F _____

Week 8 (8/19-8/23) M _____ Tu _____ W _____ Th _____ F _____

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

*Payment is required upon registration



Participant 2 Information:

Full Name: _____

Preferred name/Nickname: _____

Participant Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Please choose your dates for the CANO Summer Art Program:

Week 1 (7/1-7/5) M _____ Tu _____ W _____ Th _____ F _____

Week 2 (7/8-7/12) M _____ Tu _____ W _____ Th _____ F _____

Week 3 (7/15-7/19) M _____ Tu _____ W _____ Th _____ F _____

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Week 7 (8/12-8/16) M _____ Tu _____ W _____ Th _____ F _____

Week 8 (8/19-8/23) M _____ Tu _____ W _____ Th _____ F _____

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Dismissal

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

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)

Early release reason: _____

Signature: _____ Date: ____/____/____

***Media Release (Required—please check one)**

Yes, I do No, I do not

...grant 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 or may not be used on various program brochures, posters, postcards, reports, the CANO website, CANO's social media sites, and/or as part of a slide presentation to promote participation and interest in the program.

Signature: _____ Date: ____/____/____

***Nut Free Policy (Required)**

I understand that the CANO Summer Program is a nut-free space due to participants' life-threatening allergies. I will pack nut-free snacks only.

Signature: _____ Date: ____/____/____

**Consent for Medical/Surgical Care/Emergency Treatment and
Child's Medical Information In presenting my son/daughter for diagnosis and treatment**

The Studio

at CANO

I/we, _____, Mother Father Legal Guardian
of _____ (Son Daughter), age _____ years and
_____ (Son Daughter), age _____ years, 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/children _____ (Name of
Child) and _____ (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: _____

Child's allergies, if any: _____

Date of last tetanus booster: _____

Medicines child is taking: _____

Signature: _____ Date: _____

Mother, Father, or Legal Guardian