APPLICATION FOR ENROLLMENT:

• Tuition may be paid by check or credit card, although checks are preferred.

• Tuition must be paid in full by September 1st, 2022 or paid monthly on the first school day of every month. Bring your check to the classroom or leave in an envelope at the front desk to the attention of Mini Masters.

• There will be a $25 fee for returned checks.

• A non-refundable registration deposit of $80 per family, payable to the Academy Art Museum, is required to reserve a space for your child. This deposit will also provide you with a Family Membership to the Museum.

• A processing fee of $10 per month is included in the tuition price if you pay monthly.

• A 20% sibling discount is available.

• In the event of withdrawal from the program, please submit written notice at least 2 weeks in advance of the intended withdrawal date.

• There will be no prorated tuition rates, refunds, or credits for partial month attendance or enrollment.

• New enrollments will be accepted after September 1 on a case-by-case basis, depending on availability and child readiness.
ENROLLMENT OPTIONS - PLEASE SELECT YOUR CHOICE:

MORNING PROGRAM:
- ☐ 2 mornings per week  ☐ Full Payment = $3000 or ☐ $340 per month
- ☐ 4 mornings per week  ☐ Full Payment = $5630 or ☐ $630 per month
- ☐ Friday mornings  ☐ Full Payment = $1425 or ☐ $165 per month

Choose Days:
- ☐ Monday/Wednesday  ☐ Tuesday/Thursday  ☐ Monday thru Thursday
- ☐ Friday

PAYMENT OPTIONS - PLEASE SELECT YOUR CHOICE:

- ☐ My check for the deposit in the amount of $80 payable to The Academy Art Museum is enclosed
- ☐ My method of payment for tuition will be via check
- ☐ I wish to charge my ☐ VISA ☐ Mastercard for the $80 deposit
- ☐ I wish to use my credit card to have tuition payment(s) automatically processed:
  - Card Number __________________________________________________________
  - Name on Credit Card __________________________________________________
  - Expiration Date _______________________________________________________
  - Security Code ________________________________________________________

I HAVE READ THE ABOVE TUITION, REGISTRATION AND ENROLLMENT INFORMATION,

PARENT / CAREGIVER SIGNATURE ____________________________________________ DATE ____________________
REGISTRATION, MEDICAL & EMERGENCY INFORMATION:

Child’s Name: ________________________________________________________

Names of Parents/Guardians: _________________________________________

Child’s Home Address: _______________________________________________

City, State Zip: _______________________________________________________

Home Phone: _________________________________________________________

Cell Parent/Guardian 1: ______________________________________________

Cell Parent/Guardian 2: ______________________________________________

Child’s Birthdate: _____________________________________________________

E-mail address: _______________________________________________________

If your child has a disability or special health care needs and you have an IEP or ISFP for your child, will you be willing to discuss this and share a copy with us to determine how best to meet the needs of your child?

Y_______  N_______  N/A_______

Does your child have any allergies or special medical conditions that the Academy Art Museum should know about? __________
If so, please explain__________________________________________________
___________________________________________________________________
___________________________________________________________________

Name of Child’s Physician, Phone: _____________________________________

Persons to call in an emergency if you cannot be reached:

Name, Phone: _________________________________________________________

Name, Phone: _________________________________________________________

Name, Phone: _________________________________________________________
Persons who have permission to pick your child up after class (if different from above):

Name, Phone:____________________________________________________

Name, Phone:____________________________________________________

Name, Phone:____________________________________________________

WAIVERS:

Emergency Care:
I hereby give my permission to the Academy Art Museum personnel in charge to take necessary medical action in an emergency situation for my child when I am not immediately available.

Signature:________________________________________________________
Date:___________________________________________________________

Photo Release:
I hereby give my permission to the Academy Art Museum personnel to take photographs of my child to use in Museum magazines, on its website or for other forms of publicity. (Children’s names are never used.)

Signature:________________________________________________________
Date:___________________________________________________________

Guide to Regulated Child Care for Parents:
I have been provided with the website link to the Maryland Office of Child Care’s Guide to Regulated Child Care for Parents where I can read and review important information about Child Care in Maryland. The website link is: https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/guide_to_regulated_child_care.pdf

Signature:________________________________________________________
Date:___________________________________________________________

OFFICE OF CHILD CARE REQUIRED FORMS:

Before your child can be admitted into the Program, you must have these Maryland State forms completed and returned to the Mini Masters Director. Please visit the Mini Masters Website at https://academyartmuseum.org/learn/youth-and-family/mini-masters/ to download following forms: Maryland State Department of Education Health Inventory, Maryland Immunization Certification Form and Emergency Form.