

The Art Institute & Gallery (AI&G)
212 West Main St. Salisbury, MD 21801
Tel: 410-546-4748
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E-mail: aiandg@comcast.net



IMPORTANT INFORMATION:

- Please register as early as possible, but **no later than 1 week prior to class start date.**
- Registration is **not** considered confirmed until payment has been received.
- If the one-week deadline has passed, acceptance of additional students is at the discretion of the instructor. Please call to inquire.
- AI&G reserves the right to cancel a class based on insufficient registrations.
- AI&G instructors do not receive a salary. Their fees are dependent upon registrations. Therefore, instructors must set a minimum number of students required for each class.
- Parent will be notified by phone and/or e-mail if there are any scheduling changes or if the class is cancelled.
- **Please** include your e-mail address if you use e-mail.
- All classes/workshops take place at the AI&G unless otherwise noted.
- Refunds are not granted after the class begins or for missed classes.
- Please keep a copy of this form for reference.

Students enrolled in summer week- long classes must bring snacks, drinks, and bag lunch.

Inclement Weather Policy: In the event of dangerous weather conditions, AI&G follows the Wicomico County School system. If classes or after-hours events are cancelled, AI&G will not hold classes. The safety of students and instructors is our greatest concern. If you are uncertain, please call AI&G.

Non-Discrimination Policy: The AI&G does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, or sexual orientation in matters affecting employment or in providing access to programs.

Revised March 2009

AI&G CHILDREN'S ART CLASS REGISTRATION FORM

(Registration Deadline Is One Week Prior To Class Start Date)

PLEASE PRINT

Name of Child: _____

Child's Age: _____ Grade _____

Has Child Taken Other Classes at AI&G? Yes No

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Telephone Number(s): Home _____ Work: _____

Cell: _____

Email: _____

Name of Class: _____

Date(s): _____

Time of Class: _____

Tuition Is Enclosed – Amount: _____ (Please make checks payable to AI&G)

I Will Contact AI&G To Pay By Credit Card _____ (AI&G Accepts Visa or Master Card Payment In Person or By Phone)

AI&G Member? Yes ___ No ___ (Members receive a 10% discount on instructor portion of class fee, with a family or child membership.)

In an effort to provide a positive and safe experience for your child:

- Parents must bring and pick-up children on time.
- **Parents must be reachable during the class period.**
- Does your child have any special health/educational needs or allergies?
Yes _____ No _____
If yes, please describe: _____
(Continue on reverse as needed.)
- AI&G may use photos of class activities for publicity purposes.

Parent Signature: _____

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AIG Use Only: Ck # _____ Date _____ CC Bch _____ Date _____

Sch _____ Amt \$ _____ Fee Pd \$ _____ Appr _____