

Cherryville Youth Arts & Culture



PROGRAM GUIDELINES

Please read the following guidelines. By signing, you are a	cknowledging and agreeing to the following:
<u>SICKNESS</u>	
If a child shows up to class with a fever or other symptoms or guardian immediately Please initial.	f illness, they will need to be picked up by a paren
REGISTRATION AND REFUND POLICY	
 Participants must register online at www.cherryvilleformuse Payments can be made online at registration or to the If registration fees are a barrier to participation, please Refunds are issued up to 72 hours before the first sess 	Cherryville Resource Center. e reach out to our office to discuss subsidy options
PHOTO RELEASE	
I acknowledge and allow CCFRS to take photos of my child in the program. I authorize CCFRS to use my child's photo/a illustration, advertising and web, email or social media conte	nd or work for the purpose of publicity,
MEDICATION/DIETARY RESTRICTONS	
 I agree to inform CCFRS of any medications my child session before they attend. I acknowledge I will also rebefore my child is approved to attend a class. I agree to inform CCFRS of any dietary restrictions medicating an Arts & Culture session and I also consent to 	need to complete the Medication Consent formPlease Initial. ny child may have that could place them at harm
CODE OF CONDUCT	
I will review the Code of Conduct with my child prior to first must be signed and returned to CCFRS staff before my child	
EMERGENCY CONTACT INFORMATION	
Emergency Contact Name: F	Phone:
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<u>DISCLAIMER</u>	
I hereby give consent for my child to attend the Youth Arts & Community Food & Resource Society (CCFRS).	Culture Program provided through Cherryville

Signature

Date

Print Name