

*High Meadow Arts' After School Catalogue fall/winter 2010*

**After-School Registration Form**

***Payments & registration must be received by Monday September 20th.***  
*Thanks for your understanding...*

**Child's Name Age/Grade:** \_\_\_\_\_

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**Parent name(s):** \_\_\_\_\_

**Address (es):** \_\_\_\_\_

**Phone #s:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

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**E-mails:** \_\_\_\_\_

**Emergency Person & Phone#:** \_\_\_\_\_

**Club:** \_\_\_\_\_ **\$ 185**

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**Materials? (for volleyball, swords & felting)** \$ \_\_\_\_\_

**Total Amount of payment** \$ \_\_\_\_\_

**Payments & registration:** Please return registration, payment & medical form to High Meadow School's Main Office by **Monday, September 20th:**

**Checks made out to: "High Meadow ARTS"**  
**High Meadow School**  
**P.O. Box 552**  
**Stone Ridge, NY 12484**

**Questions? Call: 845 389-5889, e-mail: [amyp@highmeadowarts.org](mailto:amyp@highmeadowarts.org)**

# High Meadow Arts' After School Catalogue fall/winter 2010

## PROGRAM AGREEMENT

### Student Description

Is there anything you would like us to know which may support your child's experience in the program?

Does your child have any allergies, physical challenges, or speech difficulties?

**Do the above require special handling?** Does the child require any other special consideration (phobias, dietary restrictions, ADHD, recent trauma)? If so, please call Amy Poux to explain.

Other comments/Special Needs:

### CONFIDENTIAL MEDICAL HISTORY

Child's name: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Child's name: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Family Doctor \_\_\_\_\_ Dr.'s Phone # \_\_\_\_\_

Current Medications: \_\_\_\_\_ Daily: \_\_\_\_\_ Time: \_\_\_\_\_ Dsg: \_\_\_\_\_

For what condition? \_\_\_\_\_

Children will be supervised and receive dedicated care by their teacher with First Aid and CPR training. Even so, accidents can happen. In this event parents/guardian agrees to hold High Meadow Arts harmless from claims for personal injury, loss and or damages that arise from the services offered pursuant to this agreement.

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_ to receive emergency medical treatment in the event of injury while attending the High Meadow After-school program. Including transportation by Program Director or instructor's vehicle or field trip, hospital when planned or needed. I take full responsibility for any financial consequences of this medical treatment.

**X Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Program Policies

1. Program fees and completed forms must be received by September 20<sup>th</sup>, 2010
2. Refunds will not be given except in the case of verified medical emergencies.
3. High Meadow Arts, Inc. reserves the right to refuse any applicant and/or to cancel any application for behavioral problems or inappropriateness, without refund.
4. High Meadow Arts, Inc. requests the right to use photographs for promotional use.  
*I understand and agree to the above policies, procedures and fees.*

**X Parent Signature:** \_\_\_\_\_