The Art Conspiracy Summer Arts Program 2023
Registration Form

The Art Conspiracy Summer Arts Program is for students ages 9 – high school. Please use a separate form for each child or register and pay online at www.artconspiracywestvalley.org

Enrollment Information (Please Print)

Students Full Name _____ [ ] Returning [ ] New

Preferred Name _____ Date of Birth _____

Mailing Address _____

Street Address (If different) _____

City, State, Zip Code _____

Parent's email address _____

Home phone _____ Parent's Cell Phone(s) _____

Current school _____

[ ] My child will ride the bus to and from Sheridan. Please circle the city of origin. Amity Willamina

Class Choices—Assigned on a first come, first served basis with preference given to students from Amity, Sheridan, Willamina and Grand Ronde.

Morning: 1_____ Afternoon: 1_____

2_____ 2 _____

3_____ 3 _____

Payment information

$50 non-refundable deposit (Balance due no later than 9 a.m. on 6/20/2023)	_____
$200 Full day (Registration prior to June 1)	_____
$100 Half day (Registration prior to June 1)	_____
$25 Financial Aid students class materials fee	_____
$35 Late fee (for registration received after June 1)	_____
TOTAL ENCLOSED	_____

Make all checks payable to The Art Conspiracy and mail to The Art Conspiracy, PO Box 283, Sheridan, OR 97378. Please write the student's full name on the check. There is a $30 charge for checks returned by the bank.

I have read the 2023 registration brochure and agree to have my child follow the rules as stated. _____

(Parent must initial)

RETURN THIS ENTIRE SECTION COMPLETED

CANCELLATION AND REFUND POLICY

Refunds, minus the $50 deposit, will be made up until June 13. There will be no refund of prorated amounts for unattended days.

Parent/Guardian Name _____

Phone Cell (1)_____ Cell (2) _____ Work _____

Child lives with [ ] Parent [ ] Guardian [ ] Other _____

Others authorized to pick up child:

Name _____ Phone _____

Name _____ Phone _____

Emergency contact (In addition to parent/guardian)

Name _____ Relationship _____ Phone _____

Hospital and Health Center Emergency Consent

If your child needs immediate medical care, we will contact you and/or the emergency contact person for formal consent for medical treatment. In the case you and/or your contact person are not available, we request permission to seek medical care for your child. Please complete and sign the following. This form will be sent to the hospital with your child.

Chronic Illness _____ Health Insurance Provider _____
_____ Member No. _____
Allergies _____ Group No. _____
Current Medications _____ Parent/Guardian Employer _____
Date of last tetanus immunization _____ Day Phone _____
Primary Care Physician _____
Physician's phone No. _____
Any other issue the Art Conspiracy staff/instructors should know about _____

I authorize The Art Conspiracy staff to give consent for all emergency medical and/or surgical treatment deemed necessary in the event that I cannot be contacted. This consent begins June 20 and ends June 30, 2023.

Permission to photograph your child and/or your child's artwork.

All photos will be used for education and promotional purposes only, such as bulletin boards, newsletters, brochures, grant applications, news articles, website, Facebook posts or lobby displays.

- [ ] I give permission to photograph my child
- [ ] Please do not identify my child by name
- [ ] Please do not photograph my child
- [ ] Please do not photograph my child's artwork

Parent/Guardian's signature _____ Date _____

Each student will receive an Arts Conspiracy T-shirt. Please circle one size:

Child: Small Medium Large Extra Large **Adult**: Small Medium Large Extra Large XXL