



## Welcome to our After School Workshop!

The hours of operation are Monday, Tuesday, Thursday and Friday, 3:00 pm to 6:00 pm and Wednesday from 2:00 pm until 6:00 pm. We will also provide extended hours until 7:00 pm per request.

Our program consists of various STEAM projects that represent hands-on creative experiences. Our professional artists teach the students about various techniques, media and art movements. Our facility provides indoor as well as outdoor space, in addition to a ceramics studio equipped with a kiln and a maker space equipped with a 3D printer and other tools. We also incorporate snack (**nut-free**) and homework time each day. We'll look to collaborate with local services and galleries to encourage community service and collaboration with our students.

Please send your child with their snack and a water bottle. If you would like us to store food for the week we'll gladly do so in our refrigerator or cabinets. Please make sure to write your child's name on all belongings.

Attached to this letter is a full After School Workshop enrollment packet.

Thank you for allowing us the opportunity to provide this artful experience to your children!



*For attendance beginning (Month/Year):* \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_/\_\_\_/\_\_\_ **Sex:** F M  
(Last/First)

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ School Address: \_\_\_\_\_

Grade \_\_\_\_\_ Classroom # \_\_\_\_\_ Teacher: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

**Parents' Information**

Parent/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Health Insurance**

Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Group #: \_\_\_\_\_ Holder: \_\_\_\_\_

Has your child ever attended any After School Program/Workshop? Yes/No

If Yes, When?: \_\_\_\_\_ Where?: \_\_\_\_\_

**Please circle the days of the week your child will attend our After School Workshop:**

	<b>5 Days per week</b>	<b>4 Days per week</b>	<b>3 Days per week</b>	<b>2 Days per week</b>
<b><u>CIRCLE</u></b> the days of the week your child will attend:	Full Week	M T W TH F (circle 4 days)	M T W TH F (circle 3 days)	M T W TH F (circle 2 days)
Weekly Registration Fee only, \$29.50 per day; NOT including Camps or Field Trips	\$147.50	\$118.00	\$88.50	\$59.00
<b>Weekly Registration Fee Including Bus Service, \$8.00 per ride;</b> NOT including Camps or Field Trips	\$147.50 + \$40 = \$187.50	\$118 + \$32 = \$150.00	\$88.50 + \$24 = \$112.50	\$59.00 + \$16 = \$75.00
Late Stay 6PM-7PM (must be requested in advance): \$11.00 per child, per day				
<b>These fees are accurate through May 2019</b>				

**10% sibling discounts for full time students.**

**Terms of Enrollment:**

1. Families will be charged for the exact number of days they are scheduled per month or per week, depending on the payment schedule you select. You will not be charged for dates when District 97 is closed.
2. If your child is scheduled to attend on District 97 half days (11am dismissal), you will be charged an extra \$25 for the additional hours.
3. You may authorize Magical Minds Studio to charge your credit card on the first of each month or weekly on Mondays. Late payments will result in a late charge of \$25.
4. Failure to complete all payments on time will result in forfeiture of child's enrollment in the after school workshop and all fees paid to date.
5. Magical Minds Studio will not be responsible for damaged or lost property.
6. Magical Minds Studio reserves the right to use all pictures taken for publicity purposes, unless you elect not to sign the Consent and Release Form (page 7).
7. Cost of trips and special events are NOT included in fee. Additional fees may apply.
8. I understand that Magical Minds Studio reserves the right to suspend or terminate a child's enrollment due to unacceptable behavior issues.
9. Once a deposit has been made, no refunds or credits will be issued.
10. Magical Minds Studio does not refund for absences. Please review Absences in our Policies and Fees section (page 3).
- 11. If you withdraw early, before the end of the school year, we require 2 weeks notice (10 business days). Early withdrawals are required to pay for your scheduled days through the 2 week notice period.**

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



## **Policies and Fees**

### **Absences:**

Students that are absent are still required to pay for their full scheduled time. We reserve a seat for your child each week and we do not replace that seat with another child even if the student is absent. *In the event we have room, we will allow for make-up days.*

There are no refunds unless Magical Minds Studio withdraws or dismisses a child due to disciplinary reasons.

If your child will be absent, please notify the Studio by phone or email as soon as you are aware of the absence. This will avoid confusion at pick-up time. Please either call, 708-948-7934, or email, [claire@magicalmindsstudio.com](mailto:claire@magicalmindsstudio.com)

### **Early Withdrawal:**

If you withdraw early, before the end of the school year, we require 2 weeks notice (10 business days). Early withdrawals are required to pay for your scheduled days through the 2 week notice period.

### **Transportation:**

Magical Minds Studio has contracted a bus service for transporting students from District 97 elementary schools to our Studio. Please make sure your child is prompt at pick-up time from school. Each school has dismissal and bus pick-up procedures for students in our After School Workshop. Don't hesitate to ask the school or us for the details of these procedures. Magical Minds Studio is not responsible for any lost items on the bus.

### **Pick-up Time:**

Each parent is responsible for picking up their child or arranging for an adult to do so. Our pickup time is anytime after 4:00 pm and no later than 6:00 pm. Unless you have not requested extended hours (see Extended Hours section), you will be billed the \$11 late fee automatically. In the event you know you will be more than 10 minutes late please contact us and we will waive the fee.

### **District 97 closures:**

We will offer care between 8am-6pm on days when District 97 is closed (Institute Days, Winter/Spring Break, and other state and federal holidays). Times are TBA and based on enrollment. An email will go out to all the parents with a schedule, and dates will be posted on our website.

On days District 97 holds conferences and dismisses children at 11:00 am there will be a charge of \$25 to cover the additional 4 hours. If your child does not attend our program on the conference day and that is a part of their normal schedule, you are still required to pay. However, you will only be charged your normal daily rate, including transportation, but without the additional fee.

Please note, in the event of snow days we will be open unless there is an extreme weather warning. Normal after school programs will be running and morning options will be available as needed.

**Extended Hours:**

Magical Minds Studio offers an extended hour of care Monday – Friday until 7:00 pm. You can use this service on an as needed basis, with notice that morning. A charge of \$11 will be billed to your weekly/monthly fee. If you arrive later than 7:00 pm you will be charged \$20.



**Family Information**

Child lives with:

Both parents  Mother  Father  Guardian(s)

Is there a court order protecting the custody of this child?  Yes  No

Please describe any court order or information related to your child(ren) that Magical Minds Studio should be aware of.

---

---

---

---



**Child Pick Up Information**

Please list all persons allowed to pick up your child from Magical Minds Studio.

Please note, a person other than a parent may be asked to show ID.

I, \_\_\_\_\_, give my child/children, \_\_\_\_\_,  
(Parent or legal guardian) (Name of child/children)

permission to leave ONLY with the below listed people listed below.

Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_



## **Consent and Release Form**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

### Photo Release

I hereby grant permission, without reservation, to Magical Minds Studio and those authorized by Magical Minds Studio to take photographs and to make recordings of my child and to use them in original or modified form in all media now or hereafter known, with or without my name or information about me, for the promotion, public education, and/or fund-raising activities of both organizations. I understand and agree that I am entitled to receive no compensation for the above.

I release Magical Minds Studio, its officer, director, agents and employees, independent contractors, licensees and assignees from all claims that I now have or in the future may have relation to the above.

I agree that Magical Minds Studio will be the sole owner of all tangible rights in the above mentioned photographs and recordings, will full power of disposition.

I am the parent or guardian of the minor named above, and I hereby consent to the foregoing on behalf of the minor and myself.

Parent/Guardian's Signature: \_\_\_\_\_





## Credit Card Billing Form

<b>Person Authorizing</b> (Name as it appears on the card)	
<b>Credit Card Type:</b>	Visa ( <input type="checkbox"/> ) MasterCard ( <input type="checkbox"/> ) Discover ( <input type="checkbox"/> )
<b>Credit Card Number:</b>	
<b>CVV Number: (Last 3 digits on the back of card)</b>	
<b>Expiration Date:</b>	
<b>Billing Address:</b>	
<b>City:</b>	
<b>State/Province:</b>	
<b>Zip Code:</b>	
<b>Phone Number:</b>	
<b>Please Select Payment Option</b>	Weekly ( <input type="checkbox"/> ) Monthly ( <input type="checkbox"/> )

*Applicant agrees that all information provided is accurate and complete. Disputes to amounts invoiced should be immediately reported to: [haj@magicalmindsstudio.com](mailto:haj@magicalmindsstudio.com)*

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Field Trip Permission Form**

I give permission for my child, \_\_\_\_\_  
to go on a field trip by means of bus, train or foot. I also understand my child will be attending these  
field trips at or after 3:00 pm except for Wednesdays, when my child is dismissed from his/her school at  
1:55 pm and field trips may begin at 2:00 pm. My child will be returned to the Studio at or by 5:30 pm.

**Signature of Parent and or Guardian:**

**Date of Signature:** \_\_\_\_\_

**Starfish Transportation & Magical Minds Studio  
Transportation Agreement and Waiver Agreement**

School Year: \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, hereby agree to provide accurate pick-up and drop-off information for my child to Magical Minds Studio, in order to assure my child's safety and to assure that the Starfish driver is contacted in a timely manner. In addition, I agree to communicate any changes in my child's pick-up or drop-off schedule to Magical Minds Studio at least 24 hours prior to scheduled pick-up or drop-off time. Please call the studio with any changes to the schedule or email [claire@magicalmindsstudio.com](mailto:claire@magicalmindsstudio.com)

My child will wait for the bus at the school's designated area until the bus arrives. I give permission for an employee, hired by Starfish Transportation to pick-up and transport my child from his or her school to Magical Minds Studio. I agree to allow any employee of Magical Minds Studio to receive my child from the Starfish Transportation bus upon pick-up or drop-off.

I will not hold Starfish Transportation or Magical Minds Studio staff liable for injuries while boarding, exiting, or being transported on the bus. Furthermore, I will not hold Starfish Transportation liable for any lost items left on the bus.

All transportation fees will be included in your weekly or monthly payments. The daily bus fee is \$8.00 per child, per ride. This includes days your child is absent.

**Parent/Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_