

2016/2017 School Year

Art Center Program Registration

Does your child have a creative side? Are you always going out and buying the supplies. Why not register your child for an art class. We have been offering an interdisciplinary visual arts program for students in Kindergarten-12th grade at the Community Center since 1990. The Art Center encourages students to explore their individual creative needs by defining their own projects. Mediums include collaging, weaving, sculpting, print making, paper making, painting and puppet making side by side. At the Art Center we help our students develop an appreciation for the value of learning. The choices at the Art Center are extensive and our teachers are prepared to provide the inspiration and information necessary for students to reach their individual goals. Register early to get your desired class. Questions or concerns contact the office at 628.4571.

2nd semester – January 23 through May 12, 2017 (15 weeks)

Class times to choose from:

- Monday Art with Me (3 yrs. old with adult & 4 yrs. old) – 9:00-10:00 am
Fee: \$37/resident \$43/non-resident per semester
- Monday After School (K-12th grade) – 3:30–5:00 pm
Fee: \$37/resident \$43/non-resident per semester
- Wednesday Home School (must be 5 yrs. old & in K) – 10:30 am–12:00 noon
Fee: \$37/resident \$43/non-resident per semester
- Tuesday After School – (K-12th grade) – 3:30-5:00 pm – This class will meet each week and will have specialize projects twice a month with the alternating day structured as open style.
Fee: \$55/resident \$66/non-resident per semester
- Wednesday After School – When school is dismissed 90 minutes, the class will be held from 2:00–5:00 pm, otherwise class will be held from 3:30–5:00 pm.
Fee: \$62/resident \$74/non-resident per semester
- **Thursday Specialty Classes** - We are offering specialized classes on Thursdays from 4:00-5:30 pm. Prices and ages will vary. Check the following pages for a list of classes
- No refunds will be issued once the semester has started.
- If there is a medical reason an in-house credit may be given if the Community Services Manager is notified prior to the third class.
- No credits will be issued after the third class.

ART CENTER REGISTRATION FORM

Participant's Name: _____ DOB: _____

Parent's Name: _____ Phone #: _____

E-mail: _____ Class: _____

Any special concerns we need to know? _____

By providing the required information and signing, I acknowledge that I have read all program information and am willing to abide by the rules. I also consent to the use of any photographs or videos taken by the City of myself and my family members for the purposes of advertising or promoting the City of Pella and its programs, including but not limited to print and online publication.

_____ Yes _____ No

RELEASE, ASSUMPTION OF RISK, AND WAIVER OF LIABILITY

IN CONSIDERATION OF being given the opportunity to participate in the Activity known as ART CENTER, I, (printed name) _____, hereby acknowledge that participation in the Activity involves certain risks, and may result in unavoidable injuries. The injuries may include muscle and ligament strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibilities of injury involved and acknowledge that I ASSUME THE RISK of such injury by my participating in the Activity.

I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that I may sustain during the Activity.

Knowing these facts and in consideration of my participation, I hereby agree to release and hold harmless the respective officers, directors, representatives, members, employees, coaches, volunteers, or agents of the City of Pella from any and all liability for negligence of any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the Activity, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that I may incur or sustain during the Activity.

I acknowledge that I have read this Release, Assumption of Risk, and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my physical capacity to participate in the Activity as well as my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

Signature

Date

(Parent or guardian's signature required for all minors less than 18 years of age)