



THE HOME FOR: GROWING ARTISTS

Actor's Name:		Age:
Allergies/Special Needs:		
Shirt Size:	Pant Size:	
Dress Size:	Height:	Shoe Size:
How did you hear about us?		
Session Attending:		

PARENT/GUARDIAN INFORMATION

Name:	
Day Phone:	Evening Phone:
Cell Phone:	Email:
Address:	
Emergency Contact	
Name:	Phone:
Relationship:	
Emergency Contact	
Name:	Phone:
Relationship:	

By signing below acknowledge that all information provided above is accurate:

Parent/Guardian Signature:

Date:



WWW.AVKIDSMIAMI.COM



12986 SW 89TH AVE, MIAMI, FL 33176



(305) 305-9120





1. The Parent grants the Program and its Events permission to include photographs and videos taken during the sessions and events, in which his/her child may appear in program literature, informational and /or promotional materials.
2. In the event that the Parent cannot be reached and a situation arises which the Program Director/ Teacher defines as an emergency, the parent hereby grants permission to the Program Director/Teacher to secure and provide for necessary medical treatment, including hospitalization.
3. The Parent understands that the Program does not have the services of a nurse or other medical personnel on premises to administer medication or provide medical treatment. The undersigned acknowledges and agrees that, to the extent that the student is required to be administered medication during the time that the child is in the program that, non-medical staff would administer such medication.
4. I/we the Parent of the above child understand that part of the experiences that my/our child will be having may be new to my child, and they come with certain risks and uncertainties beyond what my child may be used to dealing with at home or in his/her school environment. I/we realize that no environment is risk-free, and we are prepared to assume on behalf of our child, the risk involved in his/her participation in the AV Kids program. The Parent furthermore releases and holds harmless the Program, its agents and employees from all claims, damages or other liability for injury to the student where such claims, damages, or other liability is not the result of gross negligence by the Program, its agents, or employees. The Parent further agrees and acknowledges that the Program is not responsible for any medical expenses for the child.

POLICIES

Payment: Payment is due with the registration form. Kids will not be considered to be registered for a given class until payment is received. Students cannot be considered for a role until registration is complete.

You will receive a confirmation of enrollment prior to the first class. Tuition is based on the number of classes per program session.

Refund: Student must withdraw from a program a minimum of 14 days prior to first session for a refund. No refunds will be given for withdraws made less than 2 weeks prior to first session or for missed classes.

Guardian:

Signature

Date





12986 SW 89 Avenue
Miami, FL. 33176

Credit Card Payment Authorization Form

Sign and complete this form to authorize Artistic Vibes Miami, LLC to keep your credit card listed below on file for split payment plans and tuition.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

Please complete the information below:

I _____ authorize Artistic Vibes Miami, LLC to charge my credit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(amount) (date)

AV Kids Miami Workshops, Camps, Classes.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until the end of the current session, and I agree to notify Artistic Vibes Miami in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Artistic Vibes Miami may at its discretion attempt to process the charge again within 30 days, and agree to an additional fee charges for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.



AVK Scholarship / Assistance Application

1. The AV Kids Miami Artistic Scholarship Fund is limited to Miami-Dade County residents. Applicants must show proof of residency in the form of a **Driver's License, I.D. Card, or utility bill.**
2. The parent/guardian must complete this application and BOTH parents must verify economic need in the form of:

Past year's tax return.

2 Recent pay stubs.

3. Scholarships will be considered in the following range: 25% - 75%
4. Additional information or income verification may be requested to process the application
5. Late fees are not eligible to be covered by scholarships and must be paid in full prior in order to complete registration, if applicable. Late fees are non-refundable.

How To Complete The Application

1. Complete the application in its entirety.
2. If you are receiving any kind of financial government assistance, please indicate this on the application.
3. Return application to AV Kids Miami via hand delivery or via email to Info@AVKidsMiami.com
4. Please note that submitting the application does not confirm your enrollment into a program or guarantee a scholarship.
5. The applicant will be contacted 3-7 business days after submitting application regarding approval of this scholarship request.
6. Financial documents may be sent via email to speed up application process. Applicants will still be required to submit hard copies of documents to complete registration.



Session: _____

Parent /Guardian Name : _____ Phone: _____

Address: _____

Email Address: _____

Have you enrolled in our scholarship program in the past? (circle one) yes no

Is Social Security income your family's only source of income? yes no

What is your family annual gross income (before expenses and taxes)? \$ _____

How many individuals in your family (including yourself) are supported by your income?

Please state the circumstances that you feel qualify you for the scholarship
program: _____

How much can you contribute monthly to your child's artistic education?
\$ _____

MONTHLY INCOME:	PARENT 1	PARENT 2
Net Income from self employment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Public Assistance/Welfare	\$ _____	\$ _____
Unemployment / disability	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
Alimony and/or child support	\$ _____	\$ _____
Other (i.e. rentals, royalties, etc.)	\$ _____	\$ _____
SUBTOTAL	\$ _____	\$ _____
TOTAL OF BOTH PARENTS	\$ _____	

I verify that the above information is correct:

Signature _____ Date: _____ Date Processed: __/__/__