

The Jacey Gallery

K-12 GROUP CLASS PAYMENT AGREEMENT

I UNDERSTAND AND AGREE UPON THE FOLLOWING:

_____ Payment of \$30 (cash or check only) for each 1.5 hour class is due prior to the start of each day of attendance at The Jacey Gallery. The \$30 charge per class covers the 1.5 hour instruction per class, as well as all applicable supplies that your child will be using.

_____ If you do not have payment prior to the start of each day of attendance at the Jacey Gallery, then your child is not permitted to attend class that day.

_____ There are no discounts in class rates if your child attends class late or leaves early.

_____ Please notify the gallery in advance if your child cannot attend class.

_____ Please do not drop students of any more than 10 minutes early to start of class, as other classes are in session.

_____ There is a late pick up fee of \$10 for 10-15 minutes late picking up your child and a \$30 charge thereafter, unless prior arrangements have been made with the gallery. The late pick up fee is due when you pick up your child.

_____ If there is default on any payments for any reason, your child will lose their space in art classes.

_____ If your child is too sick to attend school, then your child will not attend art class that day.

_____ No food or drinks in class or use of cell phones during class unless contacting guardian.

_____ The Jacey Gallery reserves the right to restrict, deny and terminate attendance of any individual for any reason. All class rates and terms of this agreement are non-negotiable.

_____ THERE IS A \$50 RETURNED CHECK FEE

Signature: _____ Today's Date: _____

The Jacey Gallery

GRADES K-12 RELEASE FROM LIABILITY

If my child, _____, should become ill or injured during class at The Jacey Gallery, I understand that The Jacey Gallery will contact me immediately or the person that I have designated on the registration form if I cannot be reached. If neither party can be reached, The Jacey Gallery will contact the child's physician or arrange for immediate emergency treatment necessary to ensure the health and safety of my child.

I understand and acknowledge that I release The Jacey Gallery and its staff from all liability for any loss or damage whether on or off the premises. I understand that this release includes any claims based on negligence, action or inaction of The Jacey Gallery, its staff or class members. I have read this form and agree to grant my child permission to participate in class activities at The Jacey Gallery located at 2821 N. Parham Road Suite 201, Richmond, VA 23294, with Release from Liability.

Signature: _____ Today's Date: _____