



Youth Programming

Policies and Procedures

- The Youth Programs shall maintain a ratio of one (1) adult chaperone per fifteen (15) students attending the program. *For the Covid protocols, no more than 9 for Pre-College and 8 for Middle School.*
- During activities, a ratio of one (1) adult per fifteen (15) students will be maintained.
- Students may not leave a program activity without proper permission from the class instructor.
- Lyme Academy staff will be given a program roster with contact information for each student.
- Students and their parents / guardians shall provide medical information and a medical release for emergencies. Copies of the medical information and release forms will be kept on file by the Academy.
- Parents / guardians will be notified immediately of any emergency by the information provided.
- The use of drugs and / or alcohol by students is forbidden on the Lyme Academy campus. This policy is strictly enforced.
 - The Academy is a smoke free and tobacco free campus.
 - Students will be permitted to have cell phones. However, they must be turned off during the academic sessions.
 - No food or drink in any studio spaces.
 - All secondary containers (for turps, brush cleaning, cleaning supplies, etc.) must be labeled.
 - Appropriate clothing must be worn in certain workshop and studio spaces.
 - Appropriate safety equipment (masks, gloves, ear protection, eye protection) must be worn when working with certain materials, equipment, and in certain spaces.
 - Waste materials must be disposed of in appropriate containers.

Lyme Academy is following and enforcing all safety protocols regarding facilities opening and operations during the Covid 19 pandemic. Our staff has undergone policy training and has been approved by the State of CT's reopening guidelines. Banners are posted and protocol sheets are available. The health of all our students and staff is our priority however Lyme Academy is not liable for any illness contracted during this time.

Absences Important Information

If a participant is going to be absent, please contact Kimberly Monson to notify us that he / she will not be attending that day. There are **No Refunds** if a participant misses a day of the program

due to illnesses, special events, vacation, or any other personal commitment.

Dismissals

If a participant is dismissed from a program session for a behavior problem/action, there will be **No Refund** for unattended days of the program.

Refunds are not given once a program has begun. Full **refunds** are only given if the class is cancelled by Lyme Academy or if a student needs to withdraw up to 48 hours prior to the workshops start.

Lost and Found

Any items that are either lost or found during a program session will be kept at the reception desk. All items will be logged with a date and description of the item. To help ensure the return of possible lost or found items, we strongly encourage participants to label all personal items with their last name.

Contact

Information

Kimberly Monson

Lyme Academy College of

Fine Arts 84 Lyme Street

Old Lyme, CT 06371

Email: kimberly@lymeacademy.edu

Phone: 860.434.5232



Lyme Academy Youth Programming Participant Conduct Agreement

Lyme Academy youth programming strives to provide each member with the most enjoyable experience possible. There is zero tolerance for inappropriate behavior, this includes but is not limited to, offensive language or statements, physical abuse, bullying, and / or stealing. Such behaviors warrant immediate dismissal from the Lyme Academy Youth Programs. Parents / guardians will be notified should any issues with their child arise.

By signing below, you indicate that you have read and agree with the Lyme Academy of Fine Arts Conduct Agreement.

NAME AND DATES OF ACADEMY / PROGRAM

FOR THE PARTICIPANT:

I have read and understand the Participant Conduct Policy and agree to accept the consequences of my actions.

Print Name

Date

Signature

FOR THE PARENT / GUARDIAN:

I have read and understand the Participant Conduct Policy and agree to pick up my participant if his/her behavior warrants this end result.

Print Name

Date

Signature

Phone Number

FOR THE PARENT / GUARDIAN - PUBLICITY/MEDIA:

Throughout the course, your child may be photographed and/or included in a video taken for the newspaper, television, in-house use on the Academy's website, or other publicity purposes. If you grant permission for the Lyme Academy to use your child's picture, please sign below. If you do not sign, it will be assumed you do not want your child's picture used.

Signature _____

Date _____

FOR THE PARENT / GUARDIAN - OVER THE COUNTER MEDICATION:

In the event your child is in pain and requests an over the counter medicine, (ie. Aspirin, Ibuprofen, bug spray, sunscreen, etc.), do we have your permission to provide these remedies for them? Please note the primary parent/guardian will be immediately contacted should this incident occur. If you do not sign, it will be assumed you do not want medications given to your child.

Signature

Date

FOR THE PARENT / GUARDIAN - HOLD HARMLESS AGREEMENT:

I have read the policies and information sheet and hereby give my child permission to participate in all program activities. I also understand current medical information must be on file prior to the start of the program session. I,

_____, agree to insure, defend, and hold the Lyme Academy of Fine Arts, its officers, employees, and agents, harmless from any and all costs, losses, expenses, damages, claims, suits, or any liability whatsoever, including attorney's fees, resulting from injury, including death, to person or damage to property arising out of, or in any manner connected with, the Lyme Academy of Fine Arts.

Signature

Date

Lyme Academy Youth Medical Form

Please write...NAME AND DATES OF ACADEMY /
PROGRAM here.

Participant Information

First Name

Middle Name

Last Name

Suffix

Street Address

City, State, Zip

Mobile Phone

Gender

Male

Female

Date of Birth

Parent / Guardian Information

Primary Parent/Guardians Full Name

Secondary Parent/Guardian's Full Name

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Home Phone

Home Phone

Cell Phone

Cell Phone

Physician Information

Primary Physician's Name

Address

Phone Number

Insurance Information

Is child covered by medical / hospital insurance?

Yes No

Plan/Carrier Name: Insurance

Company Phone:

Identification Number:

Group Number:

Name of Cardholder:

Please include a copy/scan of your child's medical card, both front and back, for our record should an emergency occur.

Does your child have any medical concerns that we should be aware of? Yes / No

Please describe here:

I give permission for medical treatment, including routine medical care, administering medication and to seek Emergency Medical Treatment should accident/illness occur, while s/he is a student at Lyme Academy of Fine Arts. This would include referral to a local hospital, which may result in his/her hospitalization, anesthesia, and surgery, should they be necessary, and I am unable to be reached.

Name of Preferred Hospital

Print Name

Date

Signature

Phone Number

I give permission to my son / daughter to self – administer medication (i.e. insulin, Tylenol, Motrin, etc.) Please list medication(s) student will have with them:

Signature

Date

RETURN ALL COMPLETED FORMS TO:

Kimberly Monson

Lyme Academy of Fine Arts

84 Lyme Street, Old Lyme, CT 06378

860-434-5232

kimberly@lymeacademy.edu