

**Youth Programming Policies & Procedures:**

Youth programs will meet for the times specified in the class description. Participants attending half-day workshops are asked to bring a snack and water bottle. Participants attending a full-day program are asked to bring lunch, two snacks, and a water bottle. All food must be free of nut-based ingredients and must not have been processed in a facility that processes nut products.

Guardians must check in with Hyde Collection staff to sign out participants at the end of programs or put in writing if they will be leaving with someone other than their guardian. The responsible party who will be picking up the child must present state-issued photo identification and be pre-approved to remove a child from the program.

Program fees are charged in full at the time of registration. In order to receive a refund, cancellation notice must be given two-weeks prior to the start of the program. Refunds will not be available within two weeks of the first day of the program.

**Health and Safety**

The Hyde Collection encourages all individuals who wish, to wear masks inside the Museum. Masks are not required. The Hyde Collection is following best practices and protocols in accordance with Warren County Department of Health recommendations.

Please check for symptoms (temperature above 100.4 F, cough, runny nose, body aches, headaches, loss of taste or smell) and if your child is not feeling well, keep them home and notify Katelyn Foley, Curator of Education (by phone 518-792-1761 x327 or by email at [kfoley@hydecollection.org](mailto:kfoley@hydecollection.org))

- The Hyde Collection is not responsible for absence due to illness or other commitments of participants. If a student is absent without notice, our staff will reach out to confirm.

**If The Hyde Collection Cancels a Class or Workshop**

Please register early! Registration is ongoing, on a space-available basis. Some programs may fill up, while other may be canceled due to low enrollment. Early registration secures your spot and enables The Hyde to plan more appropriately.

Occasionally, The Hyde must cancel a program due to low enrollment, instructor illness or other unforeseen circumstances. We will notify you if a class/workshop for which you have registered has been canceled. The Hyde Collection has final decision-making authority for cancellations.

- If a program is canceled, families may choose to receive a refund, receive credit for a future class, or make a donation to The Hyde for amount of their enrollment fee.

I \_\_\_\_\_ agree to abide by and follow The Hyde Collection policies and procedures.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**Participant's Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency contact in case Parent/Guardian 1 or Parent/Guardian 2 cannot be reached:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Does your child have allergies? (Please list)

\_\_\_\_\_

Are there any underlying medical conditions, special needs, or other information that you think would be important for us to know about your child?

\_\_\_\_\_  
\_\_\_\_\_

**Photo Release:**

I give permission for The Hyde Collection to photograph the participant while participating at The Hyde Collection. The photos will be used at the discretion of The Hyde Collection for marketing purposes.

\_\_\_\_\_

Parent or Legal Guardian Signature

Date

**Release of Liability and Consent to First Aid & Emergency Medical Care:**

I, the parent/guardian of \_\_\_\_\_ will not hold The Hyde Collection or its staff, board of directors, instructors, and volunteers responsible for any accident or illness, including infection with viruses or bacteria that may occur in a class/workshop. If an accident does occur and a legal guardian cannot be reached, I authorize The Hyde Collection and its staff to obtain emergency care for my child.

\_\_\_\_\_

Parent or Legal Guardian Signature

Date