



Amiri & Cindy Richardson-Keys, Owners | www.theARTSrva.com | 10930 Hull St Rd Midlothian, VA 23112 | community@theARTSrva.com | 804658.2614

Payment Addendum - Summer Camp 2025

- Tuition Payments are due by 6pm (close of business) on the Friday prior to the week that my child(ren) will attend The A.R.T.S. programming. If I cannot remit the payment by that day, I will make every effort to notify the Owners, Amiri & Cindy Richardson-Keys, prior to the due date. Please be aware that if payment is made after 6pm (there is no grace period), a \$40 late payment fee will automatically be applied to the account and your child(ren) will not be permitted to attend programming for the upcoming week if payment is not received before drop off on Monday morning.
- **DSS Subsidy Clients** - DSS only pays for days that are swiped/entered into the machine/system. Please be sure to swipe/call in daily for accurate record keeping. The undersigned is solely responsible for payment of any missed days. Please feel free to ask the The ARTS admin about missing dates.
- A \$20 per child late pickup fee will be assessed when I have not picked my child(ren) up by close of business (there is no grace period). Please speak with the Owners/Directors if there are any concerns.
- If my child(ren) will not attend The A.R.T.S. programming for a week, I will notify the Directors at least two weeks before the absence will occur except in the case of emergency (please see the Directors for a case-by-case approval of emergencies). **No additional exceptions apply.**
- Payment can be remitted in cash, check, money order, electronic payment via our website, www.theARTSrva.com (Visa & MasterCard accepted), Zelle (8046582614), CashApp (\$theARTSrva1) or automatic draft via the Brightwheel app. I understand if a check/e-payment is returned "not payable," I am responsible for an additional \$35 return check fee. Checks should be made out to **The ARTS LLC**. There is also a processing fee for payments made via PayPal or credit/debit cards online.
- When The A.R.T.S. is closed due to unforeseen circumstances or with prior notification, the Owners will determine if the closure warrants an adjustment to the weekly tuition rate. Tuition rates will only be adjusted for inclement weather at the Owners/Directors' discretion if programming cannot resume after three (3) consecutive weekdays of closing.
- Daily absences by students will not be deducted from a full week's tuition. (i.e. If your child is absent any day(s) during the week, the payment will not be applied to the next week.)

Additional fees

- Account balances that are not current will be referred to a collection agency for payment. Any and all fees associated with the collection agency, courts, attorneys and accountants will be the responsibility of the responsible party for your child's account.

I, _____ maintain and acknowledge responsibility for tuition and fee payments associated with named child(ren), _____ that attend The A.R.T.S. Programming. I acknowledge and understand that outstanding balances as shown on the electronic sign-in system and tuition statements are to be paid in full or will be turned over to the responsible collections agency after 30 days of neglect to the account.

Parent/Guardian's Signature

Date



Parental Acknowledgement & Consent Form - Summer Camp 2025

- > The A.R.T.S. agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up within one hour if so requested by The A.R.T.S. The parent(s)/guardian(s) authorize The A.R.T.S. to obtain emergency medical care if an emergency occurs when the parent(s)/guardian(s) cannot be located immediately. If there is an objection to seeking emergency medical care, a statement should be provided by you (the parent/guardian) that states the objection and the reason for the objection. I/We, the parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after my child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately including the novel virus known as the CoronaVirus/COVID-20.

Parent/Guardian's Signature

Date

- > In the case of an emergency, I would like my child, _____ to be transported to _____ hospital or medical center to be treated by the staff of the emergency room. I am aware that any staff member of The A.R.T.S. LLC (or authorized adult volunteer in care of my child) will accompany my child to the facility once I have been contacted and made aware of the situation.

Parent/Guardian's Signature

Date

- > I give the staff of The A.R.T.S. LLC (or an authorized adult) permission to transport my child once I have been made fully aware of any off location ventures. I understand that _____ will not be taken off site without prior notice except in the case of an emergency where contact could not be made before departing the location, but I understand that I will be made aware of any changes as soon as possible. I furthermore authorize The A.R.T.S. LLC Staff to obtain immediate care if any emergency occurs when I cannot be located immediately. I also understand that the proper safety restraints will be used when transportation is necessary.

Parent/Guardian's Signature

Date

- > I give consent for my child to participate in all activities that have been discussed or printed for my viewing and the material has been deemed age appropriate for my child.

Parent/Guardian's Signature

Date

- > I give consent for photographs and/or videos to be taken of my child participating in activities pertaining to The A.R.T.S. By signing below I give permission to the owners, directors, staff, volunteers and presenters of The A.R.T.S., LLC to publicly display printed or electronic photographs and works of any media type of my child as long as they are deemed with good taste and appropriate to the image, morals and character of my child and family. I may request verbally or in writing to see any pictures or photographs of my child prior to printing or posting.

Parent/Guardian's Signature

Date



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Please note these calendar adjustments for The A.R.T.S. on the following dates during the 2025 Summer Camp Session:

| Date | HOLIDAY/OBSERVANCE | TUITION COST |
|------------------------|---------------------------|-------------------------|
| Friday, July 4, 2025 | US Independence Day | No reduction in tuition |
| Friday, August 8, 2025 | Last Day of Summer Camp | No additional cost |