



Follow The Thread Program PROGRAM POLICIES

Working Teams

Our facilitators will help group participants by ability level to maximize instruction. If you choose to gather your own group, please consult with the instructors beforehand. Groups should be no larger than 5 Creatives plus their Collaborators.

Missed Classes

Due to the progressive nature of the training and limited staff, we cannot provide makeups for missed classes.

Guests

To encourage learning and provide each person with ample attention, we discourage bringing guests to class. If a Collaborator cannot attend, a substitute is welcome for that time period.

Clothing and Personal Property

We will be using a variety of art supplies during instruction, including paint and scissors. Please make sure that everyone wears clothes suitable with this in mind. Don't bring anything of value, particularly items that may get stained or torn. **aZul - Fashion, Art & Design, Inc.** does not accept responsibility for loss, damage, or theft of personal property.

Conduct - Making the Learning Experience Enjoyable For All

We at **aZul - Fashion, Art & Design, Inc.** believe in encouraging each Creative to be the best that they can be. We understand that sometimes Creatives may find group work challenging. If a Creative is having a hard time, please let our support team know, so that we can make changes to encourage their participation.

Safety

Please inform **aZul - Fashion, Art & Design, Inc.** staff of any needed items to insure a Creative's safety. You are highly encouraged to bring all support objects and necessary medicines your Creative may need. **aZul - Fashion, Art & Design, Inc.** will not have medical resources available at the time of instruction.



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PAYMENTS AND INVESTMENT [Take \$15 off when referring a friend who pays in full.]

Program Tuition Includes: Class training time with all supplies and tools
 An instructional workbook
 A take home supplies Kit bag, "I design"
 Vocational mentorship
 Licensed psychotherapy for Collaborators (caregivers)
 Business start up tools such as: an online shop, business cards
 Fashion Showcase participation
 Ongoing support, we encourage you to ask for support from our organization as you complete the program

Tuition (5 months): Tuition and participation is for 1 Creative (adult with disabilities) and 1 Collaborator (caregiver/family member), this is referred to as the C² team.

There is an additional one-time \$25 registration fee per team.

phase	length	hours	activity
0	1st week	2	Informational meet and greet
I	12 weeks	2 per session	Training
II	4 weeks	2 per session	Branding
III	4 weeks	4 per session	Application - Entrepreneurship actions
			total cost \$8,000

Payments. Full payment before the first day guarantees your C² team seats!
 For pay as you go, payment should be received in advance of each phase.
 Tuition is non-transferable.
 Cancellations must be made 3 or more weeks prior to the start of a phase.

For a safe environment. Please give us a letter stating the names of a possible Collaborator substitute. **Make sure you bring all the Creative needs to be comfortable.**

We also offer limited scholarship/sponsorship opportunities.



Fully Inclusive Design Program REGISTRATION FORM

Today's Date

Name of the Program

CREATIVE'S INFORMATION

Creative's Last Name

First Name

Middle

School Attended

Birthday

Age

Sex

Female

Male

Address [Address/P.O Box, City, State, Zip, Country]

Parent's Name

Business Address

Cell phone

Parent's Name

Business Address

Cell phone

ADDITIONAL INFORMATION

Are there any other activities or organizations the Creative participates and/or takes part in?



Fully Inclusive Design Program REGISTRATION FORM

MEDICAL INFORMATION

Please take your time and make sure you give us as much information as possible.

Primary Doctor's Name

Doctor's Phone Number

Please list any chronic health concerns, allergies / food restrictions that we need to be aware of for the Creative (seizures, any sensitive condition, preference on managing behaviors):

Is the Creative taking any medication? Please specify.

Does the Creative use a communication device?

EMERGENCY CONTACT

Name of local friend or relative
(not living at same address)

Relationship
to Creative

Main Phone

Work Phone

The above information is true to the best of my knowledge.

Creative/Guardian Signature

Date



Fully Inclusive Design Program LIABILITY WAIVER

I realize that any program, such as AZUL'S DESIGN PROGRAMS, which involves handling different supplies can result in physical injury. I release AZUL- FASHION, ART & DESIGN, INC., its owners, instructors and staff from all liability for injury to myself (Collaborator) from participation in this program. I permit my relative (Creative) to participate.

PROGRAM CHANGES:

AZUL - FASHION, ART & DESIGN, INC. reserves the right to make changes in programs, schedules, instructors, and to cancel classes due to extreme circumstances. AZUL also reserves the right to refuse and or cancel the registration of a disruptive or very ill Creatives.

I understand that tuition for classes is non-refundable.

I have read, understand and agree to AZUL's Policies as explained.

Signature

Date



Fully Inclusive Design Program REGISTRATION FORM

Today's Date

Name of the Program

COLLABORATOR'S INFORMATION

Collaborator's Last Name	First Name	Middle	Relationship To Creative
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Birthday	Age	Sex	

		Female	Male
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Address [Address/P.O Box, City, State, Zip, Country]

MEDICAL INFORMATION

Please take your time and make sure you give us as much information as possible.

Primary Doctor's Name	Doctor's Phone Number
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Please list any chronic health concerns, allergies / food restrictions that we need to be aware of for the Collaborator (seizures, any sensitive condition, preference on managing behaviors):



Fully Inclusive Design Program REGISTRATION FORM

MEDICAL INFORMATION CONTINUED

Is the Collaborator taking any medication? Please specify.

Does the Collaborator use a communication device?

EMERGENCY CONTACT

Name of local friend or relative
(not living at same address)

Relationship
to Collaborator

Main Phone

Work Phone

The above information is true to the best of my knowledge.

Collaborator/Guardian Signature

Date



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