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Child & Youth Class Registration Form and Waiver Class name _____ Inv.# _____

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Postal Code: _____ Phone: _____ E-mail Address: _____

Mother's Name: _____ Cell#: _____ Work #: _____

Address if different from above: _____

Father's Name: _____ Cell #: _____ Work #: _____

Address if different than above: _____

Emergency contact other than Parent: _____

Address: _____

Phone #: _____ Alternate #: _____

Relationship to child: _____ Health Card #: _____

Doctor's Name: _____ Doctor's phone #: _____

Special Needs: _____ Allergies: _____

Cost: _____ **Invoice #:** _____

All safety precautions are taken while your child is on the premises, including hygiene, proper use of art materials and strict supervision.

Authorization: In permitting my child to participate in the art classes and related art programs, I the undersigned, permit my child to take part in all activities. I agree that all safety and hygiene precautions will be taken to insure the safety of my child.

Cancellation Policy: A full refund is available if your cancellation is received within 14 calendar days prior to the date of the first camp date, or if the camp is cancelled due to insufficient enrollment.

In each camp session we will provide a fire drill. Teachers have first aid and police checks

Signature of parent or guardian: _____ **Date:** _____