

# GALLERY STRATFORD

## Arts Alive

### 2017 Registration Form | Pick Program Options on Reverse Side of Page

Please complete one form per child and return to Gallery Stratford with your payment

Child's Name

Age

Parent/Guardian Name

Email

Phone #1

Phone #2

Emergency Contact/Relationship

Emergency Phone #

Gallery Member: Y/N

May we email you information on future Gallery programs?

Does Your Child Presently Receive Special Support at School? *i.e. therapy, medication, etc.*

Please List Allergies & Food Sensitivities of your Child:

Please List Any Special Considerations of your Child:

Please Complete Payment Information on the Chart Below:

*Payment: (circle) Visa / MasterCard / Cheque / Cash	Total Amount:	*Receipt of payment will be given upon <b>Pick-Up</b> at the END of the first day (am/pm) of camp.
Card #	Expiry Date:	Signature:

**Cancellation Policy:** Gallery Stratford reserves the right to combine individual courses if minimum registration is not achieved. In the case of insufficient registration, Gallery Stratford reserves the right to cancel the program, and a full refund will be made. Should registrants wish to cancel, cancellations must be received in writing no less than two weeks prior to the course dates for a refund of 75%. Gallery Stratford reserves the right to release a registrant from the program if he or she is deemed incompatible with program guidelines.

**Release/Waiver:** The child named above has my permission to participate fully in all indoor and outdoor Arts Alive activities; permission is granted to have photographs taken which may be used in Gallery Stratford publications and for promotional purposes.

Parent/Guardian Signature:

