

GALLERY STRATFORD

Registration and Student Profile | Winter Break 2019

Please complete ONE form per child signing up and return to Gallery Stratford with your payment

Child's Information:

Child's Name: _____

Age: _____ Male Female

Special Dietary/ Health Considerations of the Child:

Any special dietary needs? Yes No Please Explain: _____

Any special health considerations? Yes No _____

Any development or behavioural concerns? Yes No _____

Parent/Guardian Information:

Parent/Guardian's name(s): _____

Phone number 1: _____ Phone Number 2: _____ Email: _____

Emergency Contact (other than parent listed above):

1. Full Name: _____ Phone number: _____
2. Full Name: _____ Phone number: _____

Pick Up Consent (other than parent and emergency contacts listed above):

Gallery Stratford may release your child to the following individual(s) at any point during or at the end of the day. Children may not be released to any individual without written consent directly from the parent/guardian.

1. First and Last name: _____ Phone: _____
2. First and Last name: _____ Phone: _____

Offsite Consent:

- I consent for my child to participate in trips to Upper Queen's Park, and the surrounding Gallery area over lunch and break times.

Please Circle One:

Yes

No

Photo Consent:

- I grant permission to have photographs taken of my child and/or their artwork, which may then be used in Gallery Stratford publications and for promotional purposes.

Please Circle One: Yes No

First Aid and Risk Waiver:

- I, _____ (please print), hereby give Gallery Stratford Arts Alive Summer Staff permission to administer First Aid, C.P.R. and/or Epi-pen (administered by a certified First Aid staff member), in a case of emergency.

- Risk Waiver & Consent:** In permitting my child, _____, to attend the Gallery Stratford Winter Break Art Program, I permit my child to participate in the full range of activities and authorize the Gallery Stratford staff, in the event of accident or illness affecting the above-named, to authorize on my behalf all procedures, including admission to the hospital and necessary treatment therein, as deemed essential for the care and well-being of the above named. Such action is to be taken only when immediate contact with any emergency contact cannot be made

Please Circle One: Yes No

- Please note our Winter Break Art Program runs from 9 am - 4 pm. Drop off begins at 8:50am, and pick up is at 4pm.
- Should registrants wish to cancel, cancellations will be subject to an administration fee of 10% of the value paid. If cancellation is made within the SEVEN days prior to the start date of the course, an administration fee of 20% of the value paid will apply.

I am registering for the following days - please check box(es):

Date	Gallery Member*	Non-Gallery member
Wednesday, January 2 (\$38 members/\$42 non-member)		
Thursday, January 3 (\$38 members/\$42 non-member)		
Friday, January 4 (\$38 members/\$42 non-member)		
ALL THREE DAYS (Jan 2-4) (\$110 members/\$120 non-member)		

*Please note that if our database does not reflect a current membership, you will be charged the non-member rate.

Please Complete Payment Information on the Chart Below (or pay in person at the gallery):

*Payment: (circle) Visa / MasterCard / Cheque / Cash	Total Amount:
Card #	Expiry Date:

By signing below I agree that I have read and agree to all of the above AND I confirm that all information is correct.

Parent/Guardian Name (please print): _____ Date: _____

Parent/Guardian Signature: _____