

SUMMER CAMP 2017 REGISTRATION FORM

Please print clearly in blue or black ink and use one form per child.



_____	_____	_____
CHILD'S FIRST NAME	CHILD'S LAST NAME	CHILD'S AGE
_____	_____	_____
PARENT'S FIRST NAME	PARENT'S LAST NAME	CHILD'S DATE OF BIRTH
_____	_____	_____
ADDRESS	CITY	PROVINCE
_____	_____	_____
POSTAL CODE	EMAIL (MANDATORY)	
_____	_____	_____
HOME PHONE NUMBER	PARENT'S WORK PHONE NUMBER	PARENT'S MOBILE NUMBER

ARE YOU AN AGG MEMBER? YES NO

HOW DID YOU HEAR ABOUT AGG'S CAMP CREATE: SUMMER CAMP?

- | | |
|--|--|
| <input type="checkbox"/> MONTHLY eNEWSLETTER | <input type="checkbox"/> NEWSPAPER/MAGAZINE ADVERTISEMENT |
| <input type="checkbox"/> SOCIAL MEDIA | <input type="checkbox"/> ONLINE ADVERTISEMENT OR DIRECTORY |
| <input type="checkbox"/> REFERRAL | <input type="checkbox"/> OTHER (PLEASE SPECIFY): |

I AM REGISTERING FOR (PLEASE CIRCLE ALL THAT APPLY):

WEEK NUMBER

1 2 3 4 5

TOTAL SESSION FEE \$ _____

PURCHASE A FAMILY MEMBERSHIP, RECEIVE 10% ON ALL CAMP REGISTRATIONS (ADD \$60)

TOTAL PAYMENT**\$ _____

(INCLUDING FAMILY MEMBERSHIP IF SELECTED)

PLEASE CHECK **YES** OR **NO** AND PROVIDE FURTHER DETAILS, WHERE NECESSARY.

DOES YOUR CHILD HAVE ALLERGIES? YES NO

PLEASE SPECIFY: _____

IS YOUR CHILD TAKING ANY MEDICATION(S)? YES NO

PLEASE SPECIFY: _____

DOES YOUR CHILD CARRY AN EPI-PEN? YES NO

IS THERE ANY ADDITIONAL HEALTH, LEARNING, OR BEHAVIOURAL INFORMATION THAT IS IMPORTANT FOR AGG TO KNOW?

PLEASE SPECIFY: _____

EMERGENCY CONTACT INFORMATION (PARENT/GUARDIAN)

PRIMARY CONTACT NAME RELATIONSHIP PHONE NUMBER

SECONDARY CONTACT NAME RELATIONSHIP PHONE NUMBER

SIGNATURE OF PARENT OR GUARDIAN DATE

YES, I WANT TO RECEIVE EMAILS FROM AGG ABOUT UPCOMING EXHIBITIONS, PROGRAMS, EVENTS AND SALES IN THE GALLERY SHOP (YOU CAN UNSUBSCRIBE TO THESE EMAILS AT ANY TIME)