## **Sunday Studio: Art 101 Classes**

## **Registration Form**

Please complete one form per child



Participant's First Name	Participant's Last Name	Participant's Age
Caregiver's First Name	Caregiver's Last Name	Participant Date of Birth
Address	City	Province
Postal Code	Email (Mandatory)	
Main Phone Number	Caregiver's Work Phone Number	Alternate Phone Number
	525 per session 525 per session 525 per session	
Total Registration Fees \$		
Purchase a Fan registrations (\$	es No  nily Membership (\$60) and receive a 10  117 for all 6 sessions; \$22.50 per sessions; art sales & rental)*	on) as well as
Total Cost \$		

## Sunday Studio: Art 101 Classes Parental Consent Form

Medical/Health Information (This information is kept confidential) Participant's Name Ontario Health Card Number Participant's Doctor's Name Doctor's Phone Number Please check Yes or No and provide further details where necessary. ☐ Yes ∐ No Does your child have allergies? Please specify: □No Is your child taking any medication(s)? Please specify: Does your child carry an Epi-pen? ☐ Yes ∃Nο Is there any additional health, learning, or behavioural information that can help AGG support a positive experience for your child? 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 Pickup Information I give permission to Art Gallery of Guelph to release my child into the custody of: Name Relationship Phone Number

Relationship

Name

Phone Number

I give permission forArt 101 Classes 2023 and I assume the risk	• •	ınday Studio:	
I agree that Art Gallery of Guelph, its Office for injury, loss, or damage to my child or my program. I give Art Gallery of Guelph staff of emergency.	child's property arising or resulting from	participation in this	
I confirm that I will use screening tools and Health and the Province of Ontario on a dai week. For up-to-date information on the AChttps://artgalleryofguelph.ca/about/.	ly basis to assess whether my child attend	s the program each	
I give permission for images of my child and supporting Art Gallery of Guelph and its act	• • • • • • • • • • • • • • • • • • • •	tional materials	
☐ Yes ☐ No			
How did you hear about AGG's programs?			
☐ Monthly eNewsletter ☐	Newspaper/Magazine Advertisement		
Social Media	Online Advertisement or Directory		
Referral	Other (Please Specify):		
1 1	GG about upcoming exhibitions, programs cribe from these emails at any time.)	s, events, and sales	
Payment Options			
Cheque (Payable to Art Gallery of Gu	elph. Please attach cheque to registration fo	orm)	
☐ VISA ☐ MASTERCARD ☐	Cash (drop off)		
Credit Card Number	Credit Card Expiry Date	Credit Card CVV	
Name on Card (Please Print)	Signature		

Cancellation policy: In order to withdraw your child from a program before the starting date, please contact AGG at least 14 days before the beginning of the program. Cancellations will be subject to a \$25 Cancellation Fee. Registrations cancelled less than 14 days prior will be eligible for a 50% refund.

Low Enrollment Cancellation Policy: AGG reserves the right to cancel any program due to low enrollment, up to two weeks prior to the start date.

<sup>\*\*</sup> Family membership must be active during your child's session to receive member's pricing