

Sunday Studio: Art 101 Classes Ages 10 - 15



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 |

I am registering for: Sunday Studio: Art 101 Classes (Ages 10 - 15)

- All 6 Weeks: January 28 – March 3, 2:30 – 4:30 pm: \$160 for 6 weeks
- Week 1 only: January 28 \$30 per session
- Week 2 only: February 4 \$30 per session
- Week 3 only: February 11 \$30 per session
- Week 4 only: February 18 \$30 per session
- Week 5 only: February 25 \$30 per session
- Week 6 only: March 3 \$30 per session

Total Registration Fees \$ _____

Are you an AGG Member? Yes No

- Purchase a Family Membership (\$60) and receive a 10% discount on all program registrations (\$144 for all 6 sessions; \$27.00 per session) as well as Gallery Shop purchases (excluding art sales & rental)**

Total Cost \$ _____

Please include \$60 and reduced registration fees if purchasing family membership

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.

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 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

Name

Relationship

Phone Number

I give permission for _____ to participate in **Sunday Studio: Art 101 Classes 2024** and I assume the risks that may accompany this participation.

I agree that Art Gallery of Guelph, its Officers, Directors, Employees, and Volunteers shall not be liable for injury, loss, or damage to my child or my child's property arising or resulting from participation in this program. I give Art Gallery of Guelph staff officials the authority to act on my behalf in the event of an emergency.

I confirm that I will use screening tools and guidelines required by Wellington-Dufferin-Guelph Public Health and the Province of Ontario on a daily basis to assess whether my child attends the program each week. For up-to-date information on the AGG's Health and Safety Policies, please visit our website at <https://artgalleryofguelph.ca/about/>.

I give permission for images of my child and his/her/their artwork to appear in promotional materials supporting Art Gallery of Guelph and its activities.

Yes No

How did you hear about AGG's programs?

- | | |
|--|--|
| <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): _____ |

Yes! I want to receive emails from AGG about upcoming exhibitions, programs, events, and sales in the Gallery Shop. (You can unsubscribe from these emails at any time.)

Payment Options

- Cheque (Payable to Art Gallery of Guelph. Please attach cheque to registration form)
- VISA MASTERCARD Cash (drop off)

| | | |
|--------------------|-------------------------|-----------------|
| Credit Card Number | Credit Card Expiry Date | Credit Card CVV |
|--------------------|-------------------------|-----------------|

| | |
|-----------------------------|-----------|
| Name on Card (Please Print) | Signature |
|-----------------------------|-----------|

** Family membership must be active during your child's session to receive member's pricing

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.