

Children's ART STUDIO INC.

TDSB - After 4 & Lunch Time Programming

45 Benson Avenue, Toronto ON M6G 4C6

647 808 8590

HST: 827778648RT0001

COMPLETE FORM IN FULL. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

School Name: _____ Child's Name: _____

Age: _____ Grade: _____ D.O.B.: _____ Teachers Name: _____ Room # _____

Parent/Guardian Name: _____ Email: _____

Address: _____ Postal Code: _____ Home Phone: _____

Cell or Work: _____ Emergency contact: _____ Phone: _____

Program: _____ Time: _____ Start Date: _____ End Date: _____

After Care Location: _____

Are there any allergies or medical concerns regarding your child that we need to be aware of? _____

If yes please explain: _____

Fee: _____ Method of payment: cash _____ cheque _____ transfer _____

Parents/caregivers must read and understand our bully free zone before the session start date.

Health forms are required for children with serious health issues and allergies.

Classes are not transferrable to another student. There are NO REFUNDS.

Please make cheques payable to Children's Art Studio Inc.

Parental / Guardian Permission, Waiver and Release

FOR GOOD AND VALUABLE CONSIDERATION RECEIVED:

I/we give permission for my child to participate in programs facilitated by the Children's Art Studio Inc./Teaching Artists/Lynn Jackson at above listed school.

I/we give permission for Children's Art Studio Inc., Lynn Jackson or staff of Children's Art Studio Inc. to take whatever steps are reasonably necessary to obtain emergency medical care, if required. Any expenses incurred in carrying out these steps will be borne by the child's family.

I/we give permission for free use of my child's name, picture and likeness in pictures, video, publications and other promotional materials, connected with Children's Art Studio Inc.

Your child WILL NOT be permitted to be picked up by anyone else, other than a parent, without written consent as well as telephone confirmation with Children's Art Studio Inc./Lynn Jackson.

I/we have listed any exceptions here: _____

Children's Art Studio Inc./Lynn Jackson is not responsible for anything that may happen as a result of false information given on this form.

I/we the undersigned irrevocably agree and do hereby release Children's Art Studio Inc./Lynn Jackson, her heirs, assigns and all associated persons from liability and all claim for damages regarding any incident or injury sustained by my child in workshop/studio/art and playground related activities.

I grant permission for my child to participate in these activities and will not make claim against, sue or attach the property of Children's Art Studio Inc./Lynn Jackson in any respect.

Name: _____ Relationship to child: _____

Signature: _____ • (seal) Date: _____