

# Children's ART STUDIO<sup>INC.</sup>

TDSB - After 4 & Lunch Time Programming

## Registration Form

www.childrensartstudio.ca

Head Office - 45 Benson Ave. T.O. M6G 4C6

647-8080-8590 childrensartstudioinfo@gmail.com

HST: 827778648RT0001

COMPLETE FORM IN FULL. INCOMPLETE FORMS WILL NOT BE ACCEPTED. SUBMIT ORIGINAL FORM. PHOTOGRAPHS OF FORM WILL NOT BE ACCEPTED.

School Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Age : \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_ Room# \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell or Work: \_\_\_\_\_ Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Program: \_\_\_\_\_ Time: \_\_\_\_\_ Start Date: \_\_\_\_\_ End date: \_\_\_\_\_

Fee: \_\_\_\_\_ HST: \_\_\_\_\_ Total Amount Paid: \_\_\_\_\_

Method of payment: cash \_\_\_ cheque \_\_\_ e-transfer \_\_\_ Office Use Only \_\_\_\_\_

After Care Location: \_\_\_\_\_

Does your child have any allergies or medical concerns? \_\_\_\_\_

Does your child have any behavioural concerns? \_\_\_\_\_

Note: Any and all fees paid are totally non-refundable and non-transferrable in the event of absence of the child under any and all circumstances. Epi-pens must be worn at all times. Nuts, seeds and fish are prohibited from our programs. Parents are required to read our bully free policy before the program start date. Program information will be emailed to you and we will add your email to our mailing list. You will have the option to unsubscribe.

## 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. / Staff / 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 agree and do hereby irrevocably 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: \_\_\_\_\_

FORMS MUST BE SIGNED. UNSIGNED FORMS WILL NOT BE ACCEPTED. PHOTOGRAPHS OF FORM WILL NOT BE ACCEPTED.