

Latcham Art Centre Program Registration

Please complete the following form and return it with payment to Latcham Art Centre, 2 Park Drive, Stouffville

Name of Program: _____ Session/s: _____

Student 1: _____ Date of Birth: ____ / ____ / ____
YYYY MM DD

Student 2: _____ Date of Birth: ____ / ____ / ____
YYYY MM DD

Student 3: _____ Date of Birth: ____ / ____ / ____
YYYY MM DD

Parent's Name: _____

Address: _____ Home Phone # ____ - ____ - ____

City: _____ Postal Code: _____ Cell Phone # ____ - ____ - ____

Email: _____

How did you hear about our program? school flyer email newspaper online other _____

As a participant in one of Latcham Art Centre's programs, you will receive occasional mailings and reminders about programs and events. We do not sell or trade our mailing list.

YES, I CONSENT TO RECEIVING EMAILS

NO, I DO NOT WISH TO RECEIVE EMAILS

PAYMENT INFORMATION

Payment by: Cash VISA Mastercard Debit Cheque (payable to Latcham Art Centre)

Credit Card # _____

Expiry Date ____ / ____ V-Code (3 digits) ____

Program Fee/s \$ _____ \$ _____ \$ _____ **TOTAL: \$** _____

HEALTH AND MEDICAL INFORMATION

This information must be filled out before any student under the age of 16 is allowed to participate in classes at Latcham Art Centre. The information on this form will be kept confidential and is intended only to ensure safety.

Emergency Contact Name _____ #: ____ - ____ - ____

Allergies / Medication _____

Special Needs/Behavioral Considerations (We want to give your child the best experience possible. Please let us know of any physical, emotional or behavioral considerations he/she may have so that we can be better prepared to do this).

PHOTOGRAPHY PERMISSION

Latcham Art Centre would like permission to use any photographs taken in the program in future promotional material. By checking yes you grant us permission to use possible photographs of your child in public print and/or online public material.

- YES, I CONSENT TO HAVING PHOTOGRAPHS OF MY CHILD TAKEN.**
- NO, I DO NOT CONSENT TO HAVING PHOTOGRAPHS OF MY CHILD TAKEN.**

ADMINISTRATION USE ONLY	
PAYMENT PROCESSED	<input type="checkbox"/>
DATABASE	<input type="checkbox"/>

Parent/Guardian Signature _____ Date _____