

Art for Kids

Registration form

Please return with payment before registration deadline (Sept. 20) space is limited

Registration fee per child is \$65. The program runs 6 weeks from Sept.20-Oct.25, on Wednesday mornings from 9-10am. It will be held at **Art Happening**, 757 King St. Bridgewater, NS.

I will be providing aprons for children to wear over their existing clothes but ask that you dress them in something that can get messy.

Each child will have an art portfolio to keep their projects in that I will collect after each day. After the 6 weeks, we will be hosting an art showing for family and friends to come enjoy and experience the art with the children on Saturday, Oct. 28, drop in times from 10-12pm . During this time, I will pass out the children's portfolios to proudly take home :)

Family Information:

Child's Name: Birth Date: Age:
Mailing Address:
Home Phone:

Mother's Name: Work Phone:
Cell Phone:

Father's Name: Work Phone:
Cell Phone:

Email Address:

EMERGENCY CONTACTS:

Name: Phone Number:
Relationship:

Name: Phone Number:
Relationship:

HEALTH INFORMATION:

Health Card No.: Expiry:
Family Doctor:
Street Address:
Phone Number:

List any allergies:

Is your child presently being treated for an injury or sickness or taking any medications? Yes___
No___

If yes, please explain:

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Additional Comments:

EMERGENCY AUTHORIZATION:

In the event of an emergency, I authorize the facilitator to act on our behalf and give consent to any medical treatment for my child, _____. This consent is only exercised if attempts to reach us at the phone numbers given in this registration form are unsuccessful.

I have read & agree with the terms of this registration form, parent guide & policy statement:

Please Print- Parent/Guardian's Name

Signature of Parent or Guardian

If you need any additional information or have any questions about the program, you can call Astrid Pickens at (902) 521-3108 or email, astridpickens@gmail.com.

Payments can be made by email money transfer, cash, or by cheques. Please make cheques payable to Astrid Pickens.

PHOTOGRAPH PERMISSION:

I am willing to allow my child to be photographed during our program for the purpose of display within Art Happening and publication on our facebook page, <http://www.facebook.com/ArtforKids>.

Signature of Parent or Guardian