

**Journey Through the Arts**  
**Summer 2010 Registration Form**  
**Held at The Old Art School, Port Hope.**  
**Please Print**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Town: \_\_\_\_\_ Apt: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Card #: \_\_\_\_\_

WEEK(S) OF ENROLMENT: \_\_\_\_\_

Payment:    Cash            Cheque  
(Please make cheques payable to Journey Through the Arts)

Please list any other important information you feel we would benefit from knowing about your child:

\_\_\_\_\_

How did you hear about our programme? \_\_\_\_\_

Parent Signature: \_\_\_\_\_