

Journey Through the Arts
2011 Summer 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: _____

*** DROP-OFF AND PICK-UP DETAILS**

Will anyone else other than a parent be picking up/ dropping off your son/daughter? YES ____ NO ____

If YES please fill out the following:

NAME: _____ Relationship to your son/daughter _____

Phone #: _____ Please inform us the week of your child's arrival the exact timing/ details of your drop-off/ pick-up arrangement.

Allergies: _____

Health Card #: _____

WEEK ATTENDING: _____

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: _____