

Journey Through the Arts

2008 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)/
Guardian(s): _____

Address: _____ Postal Code: _____

Town: _____ Apt: _____

Phone Number: _____ Work Phone Number: _____

Email: _____

Emergency Contact: _____ Phone: _____

Allergies: _____

Health Card #: _____

WEEK(S) OF ENROLLMENT: _____

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: _____