



Speckles Art Studio Student Registration

DAY CAMPS - PA DAYS - WORKSHOPS

WE ARE NUT FREE



Requested Camp/Workshop Dates From: _____ to _____

Full Week Camp 4 Day Camp 1 Day Camp PA Day before care after care

Camper #1 Name: _____ Birthdate: _____ Age _____ Male Female

Camper #2 Name: _____ Birthdate: _____ Age _____ Male Female

Camper #2 Name: _____ Birthdate: _____ Age _____ Male Female

Parent/Guardian #1 Name _____ Phone#1 _____ Phone #2 _____

Parent/Guardian #2 Name _____ Phone#1 _____ Phone #2 _____

Address: _____ City _____ Postal Code: _____

MEDICAL CONDITIONS/ALLERGIES we should be aware of _____

AUTHORIZATION FOR PICK-UP: Additional guardian/adults allowed to pick-up my child other than those listed above.

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Physician: _____ Phone: _____ Health Card # _____

Please tell us how you heard about us: _____

EMAIL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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WE WOULD LIKE TO ADD YOU TO OUR MAILING LIST.. OKAY WITH YOU? (WE WONT SHARE IT!) SURE!

Full Day Camp (Mon-Fri)	= \$399	\$ _____			
Short Week (4 days)	= \$339	\$ _____		Subtotal	= \$ _____
P.A. Day / Single Day Camp	= \$89	\$ _____		HST	= \$ _____
Pizza Friday (optional)	= \$5	\$ _____		TOTAL	= \$ _____
Speckles T-Shirt (optional)	= \$9	\$ _____	<input type="checkbox"/>	DEPOSIT	= \$ _____

Before Care \$10/hour After Care \$10/hour \$ _____ from _____ to _____ Amount Owing = \$ _____

HST#80348 8089 RT0001 Method of Payment: Cheque Cash Debit Email Transfer (sorry, no credit cards)

NOTE: We reserve the right to cancel under-enrolled classes seven days before and will provide you full refund/credit.

RELEASE OF CLAIM

I do hereby agree to indemnify and hold harmless, release and discharge the sponsoring organization SPECKLES ART STUDIO from any and all claims for personal injuries or property damage occurring to or sustained by myself and/or my child while participating in said activity including any and all consequential damage claims which I may be entitled to recover from said injury or property damage claim.

PHOTO RELEASE

I give permission to SPECKLES ART STUDIO to take photographs of my child for use on the company website and on promotional material without compensation. Your child's name and identity will not be revealed. If you would prefer we do not photograph your child, please email info@specklesartstudio.com

Your signature below indicates you have read, understood and agree with the Speckles Art Studio polices listed.

Signature of Parent/Guardian X: _____ Date: _____

Refund Policy: No refunds or credits for future classes/camps are given unless student cancels a minimum of seven (7) days prior to first day of class. \$25 admin fee will be charged. \$20 fee for returned cheques. We accept cash, debit, e-transfer.