

## registration form

PLEASE COMPLETE this form and

SUBMIT WITH PAYMENT to TAMARA STEELE, c/o Confederation

Centre Art Gallery, 145 Richmond Street, Charlottetown, PE C1A 1J1

Cheques should be made payable to 'Confederation Centre of the Arts'.

FOR MORE INFORMATION CONTACT

(902) 628-6111 or [artseducation@confederationcentre.com](mailto:artseducation@confederationcentre.com)

### PROGRAM (PLEASE SELECT)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> KinderART, ages 4-5 (begins Oct. 12, 2019) \$90 | <input type="checkbox"/> EVA II, ages 9-12 (begins 2 F W) \$110         | <input type="checkbox"/> PD Day Art Camp, Nov. 14, 2019 \$30 |
| <input type="checkbox"/> KinderART, ages 4-5 (begins - D Q) \$90         | <input type="checkbox"/> EVA II, ages 9-12 (begins - D Q 2020) \$110    | <input type="checkbox"/> PD Day Art Camp, Nov. 15, 2019 \$30 |
| <input type="checkbox"/> KinderART, ages 4-5 (begins Apr. 25, 2020) \$90 | <input type="checkbox"/> EVA II, ages 9-12 (begins Apr. 25, 2020) \$110 | <input type="checkbox"/> PD Day Art Camp, Dec. 6, 2019 \$30  |
| <input type="checkbox"/> EVA I, ages 6-8 (begins Oct. 12, 2019) \$110    | <input type="checkbox"/> mARTch Break Camp, Mar. 16-20, 2020 \$125      | <input type="checkbox"/> PD Day Art Camp, Feb. 8, 2020 \$30  |
| <input type="checkbox"/> EVA I, ages 6-8 (begins Jan. 18, 2020) \$110    | <input type="checkbox"/> PD Day Art Camp, Sep. 27, 2019 \$30            | <input type="checkbox"/> PD Day Art Camp, Mar. 6, 2020 \$30  |
| <input type="checkbox"/> EVA I, ages 6-8 (begins Apr. 25, 2020) \$110    | <input type="checkbox"/> PD Day Art Camp, Oct. 11, 2019 \$30            | <input type="checkbox"/> PD Day Art Camp, Apr. 3, 2020 \$30  |
|  | <input type="checkbox"/> PD Day Art Camp, Nov. 8, 2019 \$30             | <input type="checkbox"/> PD Day Art Camp, 0 D \ 1, 2020 \$30 |

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ YYYY/MM/DD

PARENT/GUARDIAN: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(necessary for class updates)

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MAILING ADDRESS: \_\_\_\_\_

Student is: \_\_\_\_\_ new to **Confederation Centre's Visual Arts Program** \_\_\_\_\_ returning from previous/other year(s)

PLEASE MAKE NOTE OF ANY **MEDICAL OR BEHAVIOURAL CONDITIONS** OF WHICH WE SHOULD BE AWARE (use back of form if necessary):

I HEREBY GIVE CONSENT AND PERMISSION for my child to participate in the 2019-20 Confederation Centre Visual Arts Education Program, and certify W K H L U is physically fit to take part in all activities. Further, I do hereby waive, release, and forever discharge said organization from all claims for damages occurring, injuries, or loss of personal property during W K H L U participation.

The Confederation Centre of the Arts retains the right to cancel any class for which there is insufficient enrollment. Other than program cancellation, fees are non-refundable unless justified by a medical receipt.

\*\*\*PLEASE BE ADVISED this program may be documented by photos and or video. Photographs may be used for marketing and publicity purposes. Please indicate your consent.  yes  no

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

If paying by credit card, please complete the following:

VISA  MC  AMEX CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ & 9 9 \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### FOR OFFICE USE ONLY:

DATE \_\_\_\_\_  CASH  DEBIT  CHEQUE  POST-DATED CHEQUE

RECEIVED BY: \_\_\_\_\_  RECEIPT ISSUED ORDER # \_\_\_\_\_

**SIGN ME UP!** (please check boxes)

to receive Gallery information via email  to receive Schurman Family Studio programming information via email

(Please ensure you've added your email above)