

KELOWNA ART GALLERY

**CHILD ART CLASS REGISTRATION FORM**

Registration Date: \_\_\_\_\_

Class: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Membership: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

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

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

Tax receipt may be issued to this email

Alternate Contact Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number During Class: \_\_\_\_\_

**Please notify us of any helpful information pertaining to your child:**

This confidential information is given only to instructors in order to make our class as safe and positive as possible for your child. Examples: allergies, medication, food, learning disabilities, special needs, etc.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the student taken art classes at the gallery before? **YES NO**

Do you authorize the instructors to take the student off site for scheduled activities? **YES NO**

Do we have permission to take photographs of the student during classroom activities?  
 These photos may be used for advertising purposes. **YES NO**

Would you like to be on our email list for upcoming children's classes? **YES NO**

**I will pick up (student's name) \_\_\_\_\_ from the art program.  
 In my absence, I hereby authorize either of the following two people to pick up the student:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

The Kelowna Art Gallery requires payment to hold a spot for a class. If a class is cancelled due to low registration, a full refund will be issued. Students who cancel their registration, transfer classes or request a credit must do so 48 hours prior to the first class to allow us time to fill the vacancy. A \$15 cancellation fee may apply. After this time, no refunds are available unless for medical reasons. Requests for medical purposes must be made in writing and submitted with a doctor's note.

On behalf of the student and the student's parents and guardians, I hereby release the Kelowna Art Gallery Association, its Directors, Officers and Employees, Volunteers and the City of Kelowna and its officers and employees from all actions, claims and demands for damages, loss or injury arising from any accidents which may be caused by, or arise out of the participation of the student named in any program or in any facility or at any location where a program is being held, whether or not caused by the negligence of or any of the aforesaid persons.

**Signature:** \_\_\_\_\_

Payment: \_\_\_\_\_ CASH DEBIT VISA MASTERCARD CHEQUE

Total: \_\_\_\_\_ Credit Card# \_\_\_\_\_ Exp: \_\_\_\_\_

PAYMENT	CONFIRMATION	TAX RECEIPT
Processed on: _____	Sent on: _____	Sent on: _____
Staff Initial: _____	Staff initial: _____	Staff initial: _____