



Registration Form

Please read carefully, and complete **ALL** information to ensure your child's safety and guarantee that your registration is processed in a timely manner. Applicants will be officially enrolled on receipt of a completed form with signature and payment of course fees.

Class Name: _____ **Class Date(s):** _____

Name (of child) _____

Age: _____

Mailing Address: _____

Home Phone: _____ **Phone #2** _____

Male/Female (circle one) BC Care Card #: _____

Allergies, Special Needs/Accommodations: _____

Emergency Contacts (during Class times)

Primary Parent/Guardian Name _____

Mailing address (if different than above) _____

Home phone: _____ **Work phone** _____

Cell phone: _____ **E-mail** _____

Second Parent/Guardian _____

Mailing address: (if different than above) _____

Home phone: _____ **Work phone:** _____

Cell Phone: _____ **E-mail** _____

Physician

Name: _____ **Phone number:** _____

Mandatory Drop-off/Dismissal Authorization

Everyday at drop-off and dismissal time the Parent/Guardian or authorized alternate **MUST SIGN IN** and **SIGN OUT** the child. No child will be permitted to enter or leave the class with persons other than those listed :

Parent/Guardian : _____

Parent/Guardian : _____

Alternate : _____

Field trip permission

My child has permission to participate in off site activities. Transportation is exclusively limited to walking. **Yes/No** (circle one)

Photo Authorization

I give permission to the Penticton Art Gallery to photograph my child for program promotional purposes. I understand that these images become the property of the Penticton Art Gallery and my child will be unidentified if the resulting photos are used in brochures, literature, or the website.

Yes/No (circle one)

Emergency Authorization

The Penticton Art Gallery and its staff have permission in an emergency to call 911, and/or send my child to a Hospital/Medical Centre, and the Medical Personnel have my authorization to provide the treatment deemed necessary for the well being of my child. The Penticton Art Gallery will make every reasonable attempt to contact the Parent/Guardian/Emergency Contacts.

Authorization

I have read, and agree to, the Penticton Art Gallery Registration Policies.

Parent/Guardian Signature: _____ **Date:** _____

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| For Office use: |
| Payment Received Y/N |
| Member Y/N Amount_____Cash Cheque # Debit MC Visa |
| Deposited on_____ |

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