

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)

KinderART, ages 4-5 (begins Sep. 29, 2018) \$90	EVA II, ages 9-12 (begins Sep. 29, 2018) \$110	PD Day Art Camp, Nov. 8, 2018 \$30
KinderART, ages 4-5 (begins Jan. 19, 2019) \$90	EVA II, ages 9-12 (begins Jan. 19, 2019) \$110	PD Day Art Camp, Nov. 9, 2018 \$30
KinderART, ages 4-5 (begins Apr. 27, 2019) \$90	EVA II, ages 9-12 (begins Apr. 27, 2019) \$110	PD Day Art Camp, Nov. 23, 2018 \$30
EVA I, ages 6-8 (begins Sept. 29, 2018) \$110	mARTch Break Camp (Mar. 18-22, 2019) \$125	PD Day Art Camp, Feb. 25, 2019 \$30
EVA I, ages 6-8 (begins Jan. 19, 2019) \$110	PD Day Art Camp, Sep. 28, 2018 \$30	PD Day Art Camp, Mar. 8, 2019 \$30
EVA I, ages 6-8 (begins Apr.27, 2019) \$110	PD Day Art Camp, Oct. 19, 2018 \$30	PD Day Art Camp, Apr. 12, 2019 \$30
		PDDay Art Camp, May 3, 2019 \$30

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

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

PRIMARY PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

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

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

PLEASE MAKE NOTE OF ANY **MEDICAL 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 2018-19 Confederation Centre Visual Arts Education Program, and certify he/she 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 his/her 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 \_\_\_\_\_ 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)