

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

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)