

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"/> Visual Storytelling and Life Writing, ages 11-14 (begins Oct. 11, 2017) \$160 | <input type="checkbox"/> EVA II, ages 9-12 (begins Sep. 30, 2017) \$110 | <input type="checkbox"/> PD Day Art Camp, Nov. 3, 2017 \$30  |
| <input type="checkbox"/> KinderART, ages 4-5 (begins Sep. 30, 2017) \$90                               | <input type="checkbox"/> EVA II, ages 9-12 (begins Jan. 20, 2018) \$110 | <input type="checkbox"/> PD Day Art Camp, Nov. 17, 2017 \$30 |
| <input type="checkbox"/> KinderART, ages 4-5 (begins Jan. 20, 2018) \$90                               | <input type="checkbox"/> EVA II, ages 9-12 (begins Apr.14, 2018) \$110  | <input type="checkbox"/> PD Day Art Camp, Jan.31, 2018 \$30  |
| <input type="checkbox"/> KinderART, ages 4-5 (begins Apr.14, 2018) \$90                                | <input type="checkbox"/> mARTch Break Camp (Mar. 26-29, 2018) \$125     | <input type="checkbox"/> PD Day Art Camp, Feb. 16, 2018 \$30 |
| <input type="checkbox"/> EVA I, ages 6-8 (begins Sept. 30, 2017) \$110                                 | <input type="checkbox"/> PD Day Art Camp, Oct. 6, 2017 \$30             | <input type="checkbox"/> PD Day Art Camp, Apr. 3, 2018 \$30  |
| <input type="checkbox"/> EVA I, ages 6-8 (begins Jan. 20, 2018) \$110                                  | <input type="checkbox"/> PD Day Art Camp, Oct. 19, 2017 \$30            | <input type="checkbox"/> PD Day Art Camp, Apr. 13, 2018 \$30 |
| <input type="checkbox"/> EVA I, ages 6-8 (begins Apr.14, 2018) \$110                                   | <input type="checkbox"/> PD Day Art Camp, Oct. 20, 2017 \$30            | <input type="checkbox"/> PD Day Art Camp, May 4, 2018 \$30   |

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

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

TEL: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

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 2017-18 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)