

# SUMMER CAMP REGISTRATION FORM

Student Name: \_\_\_\_\_

Birthday: MM / DD / YYYY / \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_

Phone Number 2: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Number: \_\_\_\_\_

Are there any concerns or medical situation school should be informed about? (Allergies)

HALF DAY \$175

FULL DAY \$250

(All material and HST included)

Jul 16-20

AM

PM

AM&PM

| Jul 23-27

AM

PM

AM&PM

Aug 13-17

AM

PM

AM&PM

| Aug 20-24

AM

PM

AM&PM

Meal Plan

YES

NO

(Please see below for more info)

Extended Care

YES

NO

(Please see below for more info)

Payment Method: Cash

Cheque

E-Transfer

**Meal Plan:** Full day camp: 2 snacks and lunch \$10/day • Half day camp: 1 snacks and lunch \$8/day

**Extended Care:** \$5/30min.

- Registration forms are processed, on a first-come, first-served basis.
- Reservations can be made by phone or email (preferred). However, to complete registration, students must fill out a registration form and bring it/ send it together with the payment.
- No refunds or credits for any missed classes.

**Photo Release:** I give permission to DR.ART SCHOOL to take photographs of my child and to use these on the company website and promotional material without compensation. (Your child's name and identity will not be revealed)

YES  NO

I understand that the DR.ART SCHOOL shares my concern about the safety of my child. However, I acknowledge, confirm and agree that the DR.ART SCHOOL does not accept responsibility for injuries, damage or loss which my child may suffer while participating in their art programs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



647.222.4645 | [annachoi2@hotmail.com](mailto:annachoi2@hotmail.com)  
2939 Kingsway Dr. Oakville (QEW & Winston Churchill)

[www.drartschool.com](http://www.drartschool.com)