

Registration & Health Form

Please complete the following form and return it with payment to the Latcham Gallery,
6240 Main Street Box 3 Stouffville ON L4A 7Z4 T: 905.640.8954 F: 905.640.6246.

**NOTE: Most classes take place at our "Art Bunker" at 6297 Main St., in the basement.
Enter through the Market Street side door, opposite CIBC's parking lot.**

Name of Program: _____ Session Date (and time): _____

Student's Name: _____ Date of Birth (if for child): _____

Parent's Name (if for child under 16 yrs): _____

Address: _____

City: _____ Postal Code: _____ Phone #: _____

Email (Please add your address to receive Program notifications): _____

How did you find out about our program? _____

Payment by: Cash VISA Cheque (payable to the Latcham Gallery)

Visa Card #: _____

Expiry Date: _____ Name on Card: _____

Donations are a key source of funding for education programs of the Latcham Gallery.
Please consider making a donation. A tax receipt will be sent to you for your donation. Thank you!

Program fee: _____

Membership amount: _____

Donation amount: _____

Total Amount Paid

As a participant in one of the Latcham Gallery's programs, you will receive occasional mailings. We not sell or trade our mailing list.
Please call the gallery if you do not want to receive these mailings.

HEALTH AND MEDICAL INFORMATION

This information must be filled out by a parent or guardian before any student under the age of 16 is allowed to participate in classes at the Latcham Gallery. The information on this form will be kept confidential and is intended only to ensure safety.

Child's Name _____

Phone # where you can be reached during the class hours _____

Does your child have any allergies, is he/she on any medication or does he/she suffer from any medical problems that the Gallery and class instructor should know about?

Does your child have any special needs that affect his/her behaviour during a class session? It is important for us to know of any needs before the beginning of the session:

Ages 13+ only: My child is allowed to come to and from art class and sign him/herself in and out. by him/herself: **Yes** **No**

Photographs of Your Child

The Gallery would like permission to use any photographs of the class in future promotional material. Please let us know whether or not you grant us permission to use possible photographs of your child in public material.

Yes - The Latcham Gallery may use photographs of my child participating in art classes for promotional purposes.

No - I do not give permission for photographs of my child to be used by the Gallery.

Parent's Signature _____

Date _____