



The Clarington Artist & Artisan's Cooperative
20 Robert St.W., Unit C,
Newcastle, On L1B 1C6
905-987-2264

Registration Form and Waiver

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____

Postal Code: _____ Phone: _____

Mother's Name _____ Cell# _____ Work # _____

Address if different from above _____

Father's Name: _____ Cell # _____ Work # _____

Address if different than above _____

Emergency contact other than Parent _____

Address: _____

Phone # _____ Alternate # _____

Relationship to Child _____ Health Card # _____

Doctor's Name: _____ Doctor's phone # _____

Special Needs _____ Allergies: _____

Class Name: _____ Cost: _____ Invoice # _____

All safety precautions are taken while your child is on the premises, including hygiene, proper use of art materials and strict supervision.

Authorization: In permitting my child to participate in the art classes and related art programs, I the undersigned, permit my child to take part in all activities. I agree that all safety and hygiene precautions are taken to insure the safety of my child.

Cancellation Policy: A full refund is available if your cancellation is received within 14 calendar days prior to the date of the first class, or if the class is cancelled due to insufficient enrollment.

Disclaimer: Class dates and times may vary from those listed in the brochure. Access to the classroom will only be available 15 minutes from the start time of the class.

Signature of parent or guardian: _____ Date: _____