

SUMMER CAMP 2017 REGISTRATION FORM

Please **PRINT** clearly in blue or black ink and use **ONE** form per child.

CHILD'S FIRST NAME	CHILD'S LAST NAME	CHILD'S AGE (AS OF DEC. 31, 2017)
PARENT'S FIRST NAME	PARENT'S LAST NAME	CHILD'S DATE OF BIRTH (PLEASE ATTACH PROOF OF AGE)
ADDRESS	CITY	PROVINCE
POSTAL CODE	EMAIL (MANDATORY)	
HOME PHONE NUMBER	PARENT'S WORK PHONE NUMBER	PARENT'S MOBILE NUMBER

REQUEST TO BE REGISTERED WITH FRIEND(S). PROVIDE FULL NAME(S) ABOVE.

ARE YOU A McMICHAEL MEMBER? **YES** **NO**

HOW DID YOU HEAR ABOUT THE McMICHAEL'S ART CAMPS?

- | | | |
|---|--|--|
| <input type="checkbox"/> ARTVENTURE BROCHURE | <input type="checkbox"/> ARTVENTURE ONLINE BROCHURE | <input type="checkbox"/> ONLINE ADVERTISEMENT OR DIRECTORY |
| <input type="checkbox"/> NEWSPAPER/MAGAZINE ADVERTISEMENT | <input type="checkbox"/> ART FLASH E-NEWSLETTER | <input type="checkbox"/> SOCIAL MEDIA |
| <input type="checkbox"/> REFERRAL | <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____ | |

I AM REGISTERING FOR (PLEASE CIRCLE ALL THAT APPLY):

SESSION NUMBER

- 1 2 3 4 5 6 7 8

CHILD'S AGE GROUP

- 5 - 6 7 - 8 9 - 10 11 - 12 13 - 15

TOTAL SESSION FEE \$ _____

- PURCHASE A FAMILY MEMBERSHIP: 1 YEAR (ADD \$95) 2 YEARS (ADD \$180)

EXTENDED CARE

- MORNING (ADD \$25 PER CHILD PER SESSION) EVENING (ADD \$30 PER CHILD PER SESSION)

TOTAL PAYMENT \$** _____

(INCLUDING FAMILY MEMBERSHIP AND EXTENDED CARE, IF SELECTED)

PAYMENT OPTIONS

- CHEQUE # _____

(PAYABLE TO McMICHAEL CANADIAN ART COLLECTION. PLEASE ATTACH CHEQUE TO REGISTRATION FORM.)

- AMERICAN EXPRESS VISA MASTERCARD CASH (DROP OFF)

CREDIT CARD NUMBER

CREDIT CARD EXPIRY DATE

NAME ON CARD (PLEASE PRINT)

SIGNATURE

**FAMILY MEMBERSHIP MUST BE ACTIVE DURING YOUR CHILD'S SESSION TO RECEIVE MEMBERS' PRICING.

SUMMER CAMP 2017 PARENTAL CONSENT FORM

Please **PRINT** clearly in blue or black ink and use **ONE** form per child.

I GIVE PERMISSION FOR _____ TO PARTICIPATE IN SUMMER CAMP 2017 AND **I ASSUME THE RISKS** THAT MAY ACCOMPANY SUCH PARTICIPATION.

I AGREE THAT THE McMICHAEL CANADIAN ART COLLECTION, ITS OFFICERS, DIRECTORS, EMPLOYEES, AND VOLUNTEERS SHALL NOT BE LIABLE FOR ANY INJURY, LOSS, OR DAMAGE TO MY CHILD OR MY CHILD'S PROPERTY ARISING OR RESULTING FROM PARTICIPATION IN THE SUMMER CAMP PROGRAM. I GIVE McMICHAEL STAFF OFFICIALS THE AUTHORITY TO ACT ON MY BEHALF IN THE EVENT OF AN EMERGENCY.

I GIVE PERMISSION FOR IMAGES OF MY CHILD AND HIS/HER ARTWORK TO APPEAR IN PROMOTIONAL MATERIALS SUPPORTING THE McMICHAEL CANADIAN ART COLLECTION AND ITS ACTIVITIES. **YES** **NO**

I GIVE PERMISSION TO THE McMICHAEL STAFF TO RELEASE MY CHILD INTO THE CUSTODY OF:

_____	_____	_____
NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
NAME	RELATIONSHIP	PHONE NUMBER

MEDICAL/HEALTH INFORMATION. THIS INFORMATION IS KEPT CONFIDENTIAL.

_____	_____
CHILD'S NAME	ONTARIO HEALTH CARD NUMBER
_____	_____
CHILD'S DOCTOR'S NAME	DOCTOR'S PHONE NUMBER

PLEASE CHECK **YES** OR **NO** AND PROVIDE FURTHER DETAILS, WHERE NECESSARY.

DOES YOUR CHILD HAVE ALLERGIES? **YES** **NO**
 PLEASE SPECIFY: _____

IS YOUR CHILD TAKING ANY MEDICATION(S)? **YES** **NO**
 PLEASE SPECIFY: _____

DOES YOUR CHILD CARRY AN EPI-PEN? **YES** **NO**

IS THERE ANY ADDITIONAL HEALTH, LEARNING, OR BEHAVIOURAL INFORMATION THAT IS IMPORTANT FOR THE McMICHAEL TO KNOW?
 PLEASE SPECIFY: _____

I GIVE PERMISSION FOR STAFF TO GIVE MY CHILD A REPLACEMENT SNACK/LUNCH. **YES** **NO**

IMPORTANT: PLEASE DOWNLOAD THE **PARENT'S PACKAGE** FROM THE PUBLIC PROGRAMS SECTION ON McMICHAEL.COM FOR ADDITIONAL REQUIRED FORMS AND MORE INFORMATION.

EMERGENCY CONTACT INFORMATION (PARENT/GUARDIAN)

_____	_____	_____
PRIMARY CONTACT NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
SECONDARY CONTACT NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
TERTIARY CONTACT NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	
SIGNATURE OF PARENT OR GUARDIAN	DATE	

THE McMICHAEL DOES NOT SELL OR TRADE PATRON LISTS. OCCASIONALLY, PATRONS ARE SENT NOTICES ON EXHIBITIONS, PROGRAMS, PROMOTIONS, AND OFFERS THAT MAY BE OF INTEREST. IF YOU DO NOT WISH TO RECEIVE SUCH INFORMATION, **PLEASE CHECK HERE.**