



Z'Arts Studio

Program Registration Form

519-942-1887

www.zartsstudio.com

Registration & Health Information

Child's Name: _____ Age: _____

Health Card Number: (Day Camp Only) _____

Parent/Guardian Name: _____

Address: _____ Telephone: _____

Email Address: _____

Emergency Contact: _____ Telephone: _____

Please list any special health concerns or any other issues that the Z'Arts staff should be aware of (e.g. allergies, asthma, medications, etc.):

Children's Pick-up Information:

Please indicate how your child will leave at the end of the program..

- Will be picked up by parent or guardian
 Will be picked up by another registrant's parent or family member or individual

Name _____

Telephone _____

Permission to Photograph: Yes No (please circle)

From time to time, Z'Arts requires photographs of children engaged in our programming for the purpose of either promoting future programs or providing Z'Arts program information to grantors and/or sponsors.

Z'Arts maintains the exclusive right to all photographic documentation.

I, _____, agree that my child, _____, may be photographed for the above stated purposes.

Signature: _____ Date: _____

Program Name: _____ Session Date: _____

Parent/Guardian Signature: _____ Date: _____

Town Mailbox:

Z'Arts Studio, 75 First Street, Suite 254 Orangeville, ON L9W 5B6
Cheque (payable to: Z'Arts Studio) Cash (please do not send cash in the mail)

Studio Directions: 834044 4th Line Mono (north), Detailed Directions are available at www.zartsstudio.com