

## SUMMER REGISTRATION/RECEIPT FORM 2018

Student Information

Date of Registration

Student Name:

Date of  
Birth

Parent/Guardian:

Address:

City:

Postal Code

Telephone:

Alternate Daytime  
Number

New/Returning:  
(N/R)

☐

E-Mail

CLASS NAME	TEACHER	DAY OF CLASS	TIME	AMOUNT

PAYMENT BY: CASH \_\_\_ CHEQUE \_\_\_ DEBIT \_\_\_ VISA \_\_\_ M/C \_\_\_

SUBTOTAL	
HST(13%)	
TOT. AMNT	

\* Please specify if name on cheque is different than student's last name

\*There are times when the media runs stories of the activities we have at HCA, or we like to take photographs and/or video for marketing, promotional, and archival use (includes social media, website, print materials, instructor training documents, etc.) Do you give permission for your child to be photographed or videotaped?  
 YES \_\_\_ NO \_\_\_

Signature of Adult Student/Parent/Guardian

Date

Signature of Administrator/Administrator Assistant

Date

**\*\*Please retain a copy of this form for Income Tax Purposes\*\***

There will be a \$5.00 administration fee for a duplicate form or receipt

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