

STUDENT INFORMATION

Date of Registration:		
Student name:		
Grade:	Date of Birth:	Gender: (opt)

Parent/Guardian:	
Mailing Address:	
Email address:	
Main Telephone:	Alternate Telephone:

PAY DAY DATES

Session Dates	Grade	Early Drop-off	Camp Fee (Tax Exempt)
January 25th 2019	<input type="checkbox"/> Gr. 1-3 <input type="checkbox"/> Gr. 4-6	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
March 1st 2019	<input type="checkbox"/> Gr. 1-3 <input type="checkbox"/> Gr. 4-6	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
June 7th 2019	<input type="checkbox"/> Gr. 1-3 <input type="checkbox"/> Gr. 4-6	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TOTAL AMOUNT: \$			

METHOD OF PAYMENT

Full name of payer	
Cheque (made payable to Hamilton Conservatory for the Arts)	Debit (in person)
Cash (in person)	MasterCard or VISA (for this option, please call HCA at 905-528-4020 with your credit card information)

MEDICAL INFORMATION

Doctor's Name:
Doctor's Telephone:
OHIP Number:
Medical Conditions/Allergies/Behavioural Concerns (Please note that HCA is not equipped to deal with children who require one-on-one supervision):

EMERGENCY CONTACT & PICKUP INFORMATION

Student name:		
Primary Emergency contact	Relationship to student	Permission to Pick up <input type="checkbox"/> Yes
Telephone Number	Telephone number (secondary)	<input type="checkbox"/> No
Secondary Emergency contact	Relationship to student	Permission to Pick up <input type="checkbox"/> Yes
Telephone Number	Telephone number (secondary)	<input type="checkbox"/> No

The following alternate person(s) has my permission to pick up from Hamilton Conservatory for the Arts when I am unable to do so.

Name:	Relationship to student:	Telephone:
Name:	Relationship to student:	Telephone:

PARTICIPATION AND PHOTO RELEASE

There are times when the media runs stories of the activities we have at the Conservatory, 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

Please note: Hamilton Conservatory for the Arts is not responsible for personal injury on the premises, or for the loss of personal property.

Printed Name of Parent/Legal Guardian:	
Signature:	Date:

Hamilton Conservatory for the Arts

126 James St. South, Hamilton Ontario L8P 2Z4

Phone: 905-528-4020

Fax: 905-525-3007

info@hcarts.ca

www.hcarts.ca

To submit a PA Day registration form, please mail, email, fax, or drop off in person. Thank you!