



HAMILTON CONSERVATORY FOR THE ARTS

SUMMER REGISTRATION/RECEIPT FORM 2019

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
			SUBTOTAL	
			PAYMENT BY: CASH ___ CHEQUE ___ DEBIT ___ VISA ___ M/C ___	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 your personal records****
 There will be a \$5.00 administration fee for a duplicate form or receipt
 Telephone: (905) 528-4020 Fax: (905) 525-3007 E-mail: info@hcarts.ca Website: www.hcarts.ca