**PA Day Registration Form 2019/20**

**(please retain copy for income tax purposes)**

**STUDENT INFORMATION**

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

|  |  |  |
| --- | --- | --- |
| Parent/Guardian name: | | |
| Mailing Address: | | |
| Email address: | | |
| Main Telephone: | | Alternate Telephone: |

**PAY DAY DATES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Session Dates** | **Grade** | **Early Drop-off** | **Camp Fee (Tax Exempt)** |
| November 8th 2019 | □ Gr. 1-3  □ Gr. 4-6 | □ Yes  □ No | **$** |
| November 29th 2019 | □ Gr. 1-3  □ Gr. 4-6 | □ Yes  □ No | **$** |
| January 24th 2020 | □ Gr. 1-3  □ Gr. 4-6 | □ Yes  □ No | **$** |
| March 6th 2020 | □ Gr. 1-3  □ Gr. 4-6 | □ Yes  □ No | **$** |
| June 5th 2020 | □ Gr. 1-3  □ Gr. 4-6 | □ Yes  □ 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dr. Name: | Dr. Phone: | | | OHIP #: |
| 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?  □ Yes  □ No |
| Telephone #: | Other telephone #: |
|  | | |
| Secondary Emergency contact: | Relationship to student: | Permission to Pick up  □ Yes  □ No |
| Telephone #: | Other telephone #: |

The following alternate people are permitted to pick-up this student from Hamilton Conservatory for the Arts:

|  |  |  |
| --- | --- | --- |
| 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 |** [www.hcarts.ca](http://www.hcarts.ca) **|** [info@hcarts.ca](mailto:info@hcarts.ca)

126 James St. South, Hamilton Ontario L8P 2Z4 | Phone: 905-528-4020 | Fax: 905-525-3007

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