

REGISTRATION FORM
Virtual Summer Arts Camp 2020



Franklin Carmichael Art Group

34 Riverdale Drive
 Etobicoke, ON
 M9V 2T3
 416-740-6520
 fcag.art@gmail.com
 www.fcag.ca

Registration Policies

This form **MUST** be completed and returned one week prior to the start of a program (i.e. class, workshop or camp). One form is required per registrant. Registration forms can be returned by mail or in-person to *34 Riverdale Dr. Etobicoke, ON M9V 2T3*, or emailed to fcag.art@gmail.com.

Registration is not complete until payment is received. We accept cash, cheque, debit, Visa and Mastercard. Payment can be made in-person or by phone.

Registration is subject to availability. Programs are often limited to 10 – 12 registrants. Auditing of programs is not permitted. Registration is not transferable with another registrant or to another individual.

Registrants will be notified if a program has been cancelled or changed. If a program is cancelled, the registrant will receive a full refund. Registrants can withdraw 7 or more days prior to the start of a program, to receive a full refund. Registrants can withdraw less than 7 days prior to the start of a program, to receive a refund less a \$30 fee. Registrants can withdraw after the start of a program, to receive a refund on a pro-rated basis less a \$30 fee. Registrants can withdraw and transfer payment to another program with no additional fee.

Program Information

Check off preferred week(s):

- Week 1: July 6–10 Week 3: July 20–24 Week 5: August 10–14
 Week 2: July 13–17 Week 4: July 27–31 Week 6: August 17–21

Check off corresponding supply pick-up date(s) and time:

- Week 1: Jul. 4, 9am–12pm Week 5: Aug. 8, 9am–12pm
 Week 2: Jul. 11, 9am–12pm Week 6: Aug. 15, 9am–12pm
 Week 3: Jul. 18, 9am–12pm Arrange another pick-up date(s)
 Week 4: Jul. 25, 9am–12pm

Registrant Information		
First Name	Last Name	Middle Name
Street Number, Street Name		Suite/Unit Number
City/Town	Province	Postal Code
Telephone Number		Date of Birth (yyyy-mm-dd)
Email Address (associated with a Google account)		

Medical Information	
Does the registrant have any medical information we should be aware of, including intellectual, physical or emotional needs? If yes, please indicate.	YES <input type="checkbox"/> NO <input type="checkbox"/>

Family and Emergency Contact Information	
Parent/Legal Guardian Name (First, Last)	Relationship to Registrant
Telephone Number	Other Telephone Number
Email Address	
Parent/Legal Guardian Name (First, Last)	Relationship to Registrant
Telephone Number	Other Telephone Number
Email Address	

Consent	
<p>To be completed by parent or legal guardian. The information I have provided on this form is complete and accurate. I acknowledge that digital learning comes with new considerations. I agree there should be no expectation of privacy online. I am committed to supporting appropriate guidelines to ensure safety and security of staff and registrants. The registrant has permission to participate in a virtual program using digital tools, including online classroom and web conferencing tools (i.e. Google Classroom and Google Meet). The virtual program may be recorded by Franklin Carmichael Art Group for quality control. The registrant has permission to share images of their artwork with other registrants. I acknowledge that these images may include the registrant's likeness. I acknowledge that Franklin Carmichael Art Group reserves the right to remove the registrant from a virtual program if they are not complying with the FCAG Code of Conduct. I acknowledge that Franklin Carmichael Art Group, their directors and staff are hereby released from any liability in the event of an accident or illness.</p> <p>I give permission for Franklin Carmichael Art Group to use images of the registrant's artwork for promotional purposes relating to services and programs. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>I would like to subscribe to the Franklin Carmichael Art Group newsletter. YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
Registrant/Parent/Legal Guardian Signature	Date (yyyy-mm-dd)

For Office Use Only	
Total Payment	Method of Payment Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
Received Date (yyyy-mm-dd)	Receipt Number