



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

P.A. Day Camps 2018 REGISTRATION FORM

1. _____ D.O.B. _____ New Student Returning Student
Student Name MM/DD/YYYY

2. _____ D.O.B. _____ New Student Returning Student
Student Name MM/DD/YYYY

_____ E-mail
Parent/Guardian Name

_____ Apt. # _____ City _____ Prov. _____ Postal Code
Address

_____ Alternate Phone
Primary Phone

Please Circle Your Camp Option(s):

October 5th, 2018
9- 4pm

December 7th, 2018
9 – 4pm

Emergency Contact (Someone other than Parent/ Guardian listed above)

_____ Phone # _____ Relationship
Full Name

Who may pick up your child other than yourself?

1. _____ Phone # _____ Relationship
Full Name

2. _____ Phone # _____ Relationship
Full Name

Medical Information

1. _____ Other Coverage
Student Health Card #

2. _____ Other Coverage
Student Health Card #

Please list any medical conditions, allergies, or special needs:

1. _____ 2. _____



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Permissions

I give permission for my child to leave Franklin Carmichael Art Group grounds with an instructor for an outdoor art session nearby. Yes No

I give permission to Franklin Carmichael Art Group to use any photograph(s) of my child and/ or their artwork for promotional material relating to Franklin Carmichael Art Group and/or including use in Instructor portfolios.

Yes No

 Parent/Guardian Signature Date

Registration Conditions and Policies (please read carefully)

1. Full-Day camp begins at 9:00am and ends at 4:00pm. Campers are to be picked up on time.
2. Campers are not allowed to leave Franklin Carmichael Art Group grounds without a parent or approved guardian.
3. Care is taken for the health and safety of our campers. In the event of an accident or illness, Franklin Carmichael Art Group, their directors and staff are hereby released from any liability.
4. All efforts will be made to contact parent/guardian in case of a medical emergency. In the event this is not possible, your child will be taken to the nearest emergency room.
5. Provincial Health Insurance or the equivalent medical insurance must cover each camper.
6. Franklin Carmichael Art Group requires that parents/guardians disclose any potentially life-threatening conditions their child may have to the camp director (i.e. allergies).
7. Campers should not bring peanut/ nut products to our facility. Campers should not share food items with one another. Please keep this in mind when preparing snack/lunch.

Registration Policy

Mail or drop-off this completed form with your cheque to the office (Please do not mail cash). Registration only becomes final when payment is received. Registration is required 1 week before the starting date. The program is limited to 12 students. You will be notified if a class is to be cancelled.

Refund or Cancellation Policy

A full refund of fees will be made in the event that a program is cancelled. Parents/guardians will be contacted before the start date. Cancellation of the registered must be made 1 week prior to the start of a program for a refund.

I have read and understand the Conditions and Policies and I confirm that the information provided in the form section is complete and correct:

 Parent/Guardian Signature Date

Office Use Only

Payment: Payment Method: Cash Cheque # _____

Receipt # _____ Date _____ Note _____