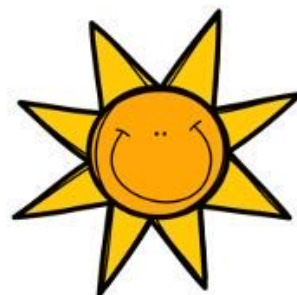


Art N' Smart

Summer Camp Registration

STUDENT INFORMATION



Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____

Has this student attended Art N' Smart Classes or Camp before?

If yes, when? _____

Address: _____

Special Needs or Notes: _____

FULL WEEK CAMP

Select your preferred weeks below.

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> WEEK 1 | <input type="checkbox"/> WEEK 2 |
| July 4-7 | July 10-14 |
| <input type="checkbox"/> WEEK 3 | <input type="checkbox"/> WEEK 4 |
| July 17-21 | July 24-28 |
| <input type="checkbox"/> WEEK 5 | <input type="checkbox"/> WEEK 6 |
| July 31-Aug 4 | August 8-11 |
| <input type="checkbox"/> WEEK 7 | <input type="checkbox"/> WEEK 8 |
| August 14-18 | August 21-25 |

FLEXIBLE PART-TIME CAMP

If you are not interested in full weeks, please indicate below your preferred days and times.

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Single Day |
| <input type="checkbox"/> Thursday | |
| <input type="checkbox"/> Friday | |

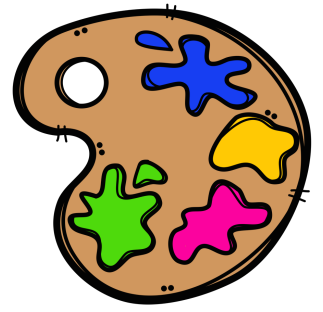
Other Scheduling Information:

EMERGENCY ACTION PLAN FOR ANAPHYLAXIS

- Administer EpiPen® immediately
- DESIGNATE SOMEONE TO CALL AN AMBULANCE. This person will advise the dispatcher that a student is having an anaphylactic reaction (a severe, life-threatening reaction)
- Call Parent/Guardian
- If an ambulance has not arrived within 15 minutes and breathing difficulties are present or student has fallen unconscious, administer second EpiPen®
- The student must be taken to a hospital immediately, even if symptoms subside entirely
- Send second EpiPen® with the ambulance if it has not yet been administered

Art N' Smart

Class Registration



STUDENT INFORMATION

Last Name: _____ First Name: _____

Age: _____ Gender: _____ Grade: _____

Name of Day School: _____

Home Address: _____

Postal Code: _____ Home Phone: _____

CLASS INFORMATION

Desired Classes & Times: _____

PRIMARY CONTACT

Last Name: _____ First Name: _____

Relationship to Student: _____

Cell Phone: _____ WeChat ID: _____

Email Address: _____

SECONDARY CONTACT

Last Name: _____ First Name: _____

Relationship to Student: _____

Cell Phone: _____ WeChat ID: _____

Email Address: _____

MEDICAL INFORMATION

Health Card Number: _____

Medical Needs (if Applicable):

*If your child has an allergy, please complete an Allergy Alert Form so that our staff can be prepared to care for your child. If your child requires any additional care, please contact us.

ATTENDANCE AND CANCELLATION POLICY

Group Classes:

In order to ensure a high quality of learning, it is important that students regularly attend their registered classes. When students are frequently absent, the teacher and other students must spend time reviewing missed content. Per term, students may miss 2 classes per subject. If your child will miss further classes, please contact us.

Private Lessons:

Private Lessons must be cancelled a minimum of 24 hours in advance. Short-notice cancellations will still be charged a class fee,.

Signature: _____ Date: _____

FOR ACADEMY STAFF USE ONLY

Course Number:	
Method of Payment:	
Total Fee Paid:	
Date:	
Resgitation Teacher:	

Art N' Smart

Allergy Alert



Student Name: _____

ANAPHYLAXIS EPIPEN

Allergen: _____

Symptoms: _____

Treatment:

**STUDENT
PHOTO HERE**

I hereby request that Art N' Smart Academy administer the above procedure to my child in the event of an allergic reaction. I acknowledge that Art N' Smart staff are not medically trained. At all times, it remains the Parent or Guardian's responsibility to ensure that clear instructions and current physicians' orders are provided to Art N' Smart staff, along with necessary medications.

Signature: _____

Date: _____

Art N' Smart

Bus Consent & Liability



ALL PARENTS/GUARDIANS MUST COMPLETE THIS FORM

This form applies to all Art N' Smart Students. Even students who do not travel to the Academy on the Art N' Smart Bus may travel on it at some time during their registration period for Excursions, or in the case of family emergency. All parents are therefore requested to complete and return this form with their Registration Package.

Student Name: _____ Program: _____

My child has permission to travel on the Art N' Smart Buses. I understand that these buses have seat belts, that appropriate safety precautions will be taken, and that academy rules and regulations will be in place while travelling on the bus. I accept that Art N' Smart or their Staff cannot be held responsible for events or accidents that are outside of their control.

In the event of injury or accident involving my child, I understand that I will be informed as soon as possible. Should my child's Primary and Secondary Contacts be out-of-contact, I authorize Art N' Smart Staff to act on my behalf and in the best interests of my child in case of a medical emergency.

I release Art N' Smart Academy and its representatives from responsibility for all costs, expenses, and damages, and from any legal liability arising from any decision made on my behalf. In this regard, I will not bring any suit or assert any claim against Art N' Smart Academy or its representatives as a result of any action taken pursuant to the authority granted below.

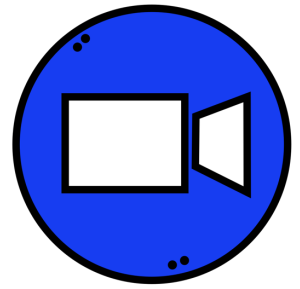
Parent/Guardian Name: _____

Signature: _____ Date: _____

Primary Phone #: _____ Secondary Phone #: _____

Art N' Smart

Media Consent



ALL PARENTS/GUARDIANS MUST COMPLETE THIS FORM

Dear Parents and Guardians,

We ask for your permission to let us upload your child's photos or videos to share more about our Academy with our community.

Please check the correct boxes below.

- I give permission to Art N' Smart to put my child's photo or video image on the Academy's Website
- I give permission to Art N' Smart to put my child's photo or video image on the Academy's Social Media Pages
- I give permission to Art N' Smart to put my child's photo or video image on the Academy's public flyers

- I DO NOT give permission to Art N' Smart to use my child's image



Student Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

Art N' Smart

Outdoor Activity Consent



During Camp, students will often participate in walks and visits to the park or playground in the local neighbourhood I hereby authorize my child to participate in these activities.

I give permission to the staff of Art N' Smart Academy to apply sunscreen of SPF 15 or higher to my student when he or she will be engaging in outdoor activities. I understand that sunscreen may be applied to the exposed skin of my child, including but not limited to the face, top of the ears, nose, bare shoulders, arms, and legs.

Please label personal sunscreen bottles with your child's name on it.

Student Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____



LIABILITY AGREEMENT & WAIVER

I assume all responsibility for risks and hazards incidental to participation at Art N' Smart Summer Camp. I do not hold Art N' Smart or any of their personnel responsible for injuries or accidents of any kind or loss of personal property. I grant the Art N' Smart Director permission to authorize and obtain medical care in case of emergency when Parents/Guardians cannot be contacted.

REFUND POLICY

No refunds or credits will be given in the event of cancellation.
You may switch from one week of camp to another, pending availability.

We only accept cash and cheques as payment in our office.

LATE FEE

It is important that Parents or Guardians arrive on time to pick up their children from camp. Parents or Guardians who are late to pick up their children will be charged a late fee accordingly.

Parent/Guardian Name: _____

Signature: _____

Date: _____