

**KREATIVE KIDS ART CAMPS 2019 REGISTRATION FORM
SALT SPRING ISLAND**

NAME OF CHILD:

1. _____	M _____	F _____	age _____
2. _____	M _____	F _____	age _____
3. _____	M _____	F _____	age _____
4. _____	M _____	F _____	age _____

PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE: _____ **CEL #** _____

EMAIL: _____

EMERGENCY CONTACT: _____

ADDRESS: _____

PHONE: _____ **CEL #** _____

ALLERGIES: _____

Things that we may need to know to make this an enjoyable experience for your child/ren.

I would like to enroll my child/ren in:

ART CAMP #1: JULY 8 TO 12 _____ **ART CAMP #2: AUGUST 5 TO 9** _____

I have enclosed a cheque for \$ _____ (Cheque payable to Johanna Hoskins)
or payment by E-transfer.

Cancellation policy: Full refund with two weeks or more notice prior to camp. \$25 fee if less than two weeks notice unless we can fill your spot.

We would like to post photos of participants at work on their creations or photos of their creations for our web site. We would not use any names or personal information.

I GIVE MY PERMISSION FOR PHOTOS OF MY CHILD/REN TO BE USED ON THE

KREATIVE KIDS ART WEB SITE: _____ **DATE:** _____

MAIL TO: JOHANNA HOSKINS: 155 Southridge Drive, Salt Spring Island, B.C.V8K 1Y9

EMAIL TO: kreativekids7@gmail.com