

Registration Form  
Summer Art Week  
[www.jodiehart.ca](http://www.jodiehart.ca)  
519-448-4740

Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies/Special Concerns: \_\_\_\_\_

Please indicate the classes in which you would like to enroll your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment**

Payment is expected at time of registration. Registration in a class is not guaranteed until payment is received. Spots cannot be reserved by phone.

**Cancellations and rescheduling**

It is often not possible to reschedule due to other classes that are running. In special circumstances consideration will be made to reschedule missed classes, but cannot be guaranteed.

**Pick up times**

Parents are expected to pick up their children by the end of class. If you expect to be late you must contact the instructor before pick up time. (519-448-4740)

I agree to the above terms and will take responsibility for payment for all classes.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

I agree that Jodie Hart will not be held responsible for any injury occurring during art class.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form with payment to Jodie Hart, 69 Victor Boulevard Box 627,  
St. George, Ontario N0E 1N0