



Kids' Form

Student's Name New Student Returning Student

Date of Birth & Age Male Female

School Attending _____ Grade entering Fall 2013 _____

Home Phone _____ E-mail _____

Mother's/Guardian 1 Name _____ Work/Cell _____

Father's/Guardian 2 Name _____ Work/Cell _____

Home Address _____

City _____ Postal Code _____

Emergency Contact and Phone _____

Food Allergies / Medical Conditions / Special Needs _____

Health Card # _____

Please indicate: Name of Course/Day/Time **Term**

1. _____ F / W / S

2. _____ F / W / S

3. _____ F / W / S

Payment Information: Please fill out the appropriate Course Fee(s).

Course Fee(s) \$ _____

HST (13%) \$ _____

Total Course Fee(s) \$ _____

Method of Payment:

* Payment must be received within 7 days of registration to ensure a spot.

Cheque (Payable to Avenue Road Arts School) Credit Card

Multi-Term Payment (call for details) In Full

Credit Card # and Type _____ Expiry Date _____

By signing this form, I acknowledge that I have read and understand the information and policies listed in this brochure or on the School website.

Signature of parent/guardian _____ Date of Registration _____

The Avenue Road Arts School will not disclose information without your consent and does not rent or sell mailing lists. The information you have provided will be used to deliver services and to keep you informed and up-to-date about the activities of Avenue Road Arts School & sister organizations. Activities include fundraising initiatives, programs, special events, open houses, exhibits and/or performances. We will send you information about the above activities unless we hear from you. For our Privacy Policy, visit avenueroadartsschool.com.