|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CLASS INFORMATION | | | | | | | | | | | | | | | | |
| **Class Date(s)** | | |  | | | | | | | | | | | | | |
| **Time** | | |  | | | | | | | | | | | | |
| **Age on Date the Camp Starts** | | | | | | | |  | | | | | | | |
|  | | | | | | | | |
| PARTICIPANT INFORMATION | | | | | | | | | | | | | | | | |
| **Name** | | | |  | | | | | | | | | | | | |
| **Mailing Address** | | | |  | | | | | | | | | | | | |
| **Home Phone** | |  | | | | | | | | **Alt Phone** |  | | | | | |
| **Allergies, Special Needs/Accommodations** | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| EMERGENCY CONTACTS (during class time) | | | | | | | | | | | | | | | | |
| **Primary Parent/Guardian Name** | | | | | | | | |  | | | | | | | |
| **Mailing Address  (if different from above)** | | | | |  | | | | | | | | | | | |
| **Home Phone** | |  | | | | | | | | **Alt Phone** | | |  | | | |
| **E-mail** |  | | | | | | | | | | | | | **I don’t want to receive emails about other CHC programs** |  | |
| **Secondary Parent/Guardian Name** | | | | | | | | |  | | | | | | | |
| **Mailing Address (if different from above)** | | | | | |  | | | | | | | | | | |
| **Home Phone** | |  | | | | | | | | **Alt Phone** | |  | | | | |
| **E-mail** | |  | | | | | | | | | | | | | | |

**CONTINUED ON PAGE 2**

|  |  |
| --- | --- |
| **Mandatory Drop-off/Dismissal Authorization:** | |
| Every day at drop-off and dismissal time the Parent/Guardian or authorized alternate MUST SIGN IN and SIGN OUT the child. No child will be permitted to enter or leave the class with persons other than those listed: | |
| **Parent/Guardian** |  |
| **Parent/Guardian** |  |
| **Alternate** |  |

|  |  |
| --- | --- |
| **Photo Authorization** | |
| I give permission to the Cranbrook History Centre to photograph my child for program promotional purposes. I understand that these images become the property of the Cranbrook History Centre and my child will be unidentified if the resulting photos are used in brochures, literature, or the website. |

Yes  No

|  |  |
| --- | --- |
| **Emergency Authorization** | |
| The Cranbrook History Centre and its staff have permission in an emergency to call 911, and/or send my child to a Hospital/Medical Centre, and the Medical Personnel have my authorization to provide the treatment deemed necessary for the well-being of my child. The Cranbrook History Centre will make every reasonable attempt to contact the Parent/Guardian/Emergency Contacts. The Cranbrook History Centre Protection of Minors Policy commits to safe practices and provides that any child or youth participating in any activity offered through the gallery has the right to be free from physical, emotional or sexual abuse when in contact with any CHC employee, contractor or volunteer.  **Authorization**: I have read, and agree to, the Cranbrook History Centre Registration Policies. |

**Parent/Guardian Signature:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Date:** |  |
|  | | | |
| **Payment Procedure** | | | | |
| *Option 1*: E-mail a copy of the form to [info@cranbrookhistorycentre.com](mailto:info@cranbrookhistorycentre.com).  Then, call or come into the museum to pay at the front desk and finalize your registration. *Option 2:* Print out a copy of the form to bring in and pay at the front desk to register. | | | | |
| **How did you hear about this program?** | | | | |
| Facebook  Instagram  Cranbrook Townsman  Our Website  A friend  Other | | | | |
| If other, please specify: |  | | | |