## Spring Camp 2025 Viva Vida Art Gallery

www.vivavidaartgallery.com

**REGISTRATION FORM** 

ast Name:				
_ust 11ame,	First Name:		AgeGender: 🗆 F 🗆 M	
Address:				
City:	Province:		Postal Code:	
Country:	Telephone:		Email:	
Parents/Guardians Na	me:			
Camp Fees and Pa	yment Methods			
Campus location: 🗆 🛙	Pointe-Claire 🗆 Vaudre	uil-Dorion		
Registration Fee:	\$335 - Full 5 Days	Hours: 9am - 4pm		
	\$95 - Full day	Hours: 9am - 4pm		Гh 🗆 F
	\$75 - ½ day	Morning 9 – 12pm		Th 🗆 F
		Afternoon 1 – 4 pm		Th 🗆 F
	\$ 15 a day	Extended care 7:30	am to 6pm	
	(Please specify days and times below)			
	□ M □ T	🗆 W 🗆	□ Th □ F	
SUBTOTAL \$	(plus applicable t	taxes) TOTAL PAID \$ _		
Payment Type Invoice #	Check Disc	A	J □Cash Cheque#	Paypal

Occasionally, Viva Vida Art Gallery photographs and/or videotapes during Fine Arts Programs. Photos and videos are used for promotional purposes. I consent to and authorize Viva Vida Art Gallery to take photographs in film, digital or print form of my child to be used for the purpose of promoting Viva Vida Art Gallery and Art Centre without compensation to me.

Signature: \_\_\_\_

Registration Questions, contact: 514-694-1110 or by e-mail: <u>Info@vivavidaartgallery.com</u> Drop off or mail Registration Form to: Viva Vida Art Gallery, 278 Lakeshore road, # 2, Pointe Claire, H9S 4K9 or E-mail to <u>info@vivavidaartgallery.com</u>.

Please do not submit credit card information via email. You can telephone credit card information: 514-694-1110.

## Viva Vida Art Gallery Field Trip Form and Emergency Contact and Medical Information for a Child

				M F	
Child's Name Parent's/Guardian's Name		Date of Birth		Sex	
		Parent's/Guardian			
Home Phone	Work Phone	Home Phone	Work Phone		
Address		Address			
City, Province Postal code		City, Province Postal code			
	Altern	ative Emergency Contact	S		
Primary Emergency Contact		Secondary Emergency Contact			
Home Phone	Work Phone	Home Phone	Work Phone		
Address		Address			
City, Province Post	tal code	City, Province Postal code			
		Medical Information			
Hospital/Clinic Prefer	ence				
Physician's Name			Phone Number		
Medicare Number			Expiry date		
Allergies/Special Heat	Ith Considerations				
reasonable period of the	ime, the person in charge be	appointed to authorise the	t/guardian cannot be contacte admission to hospital, if deen medical doctor be given to t	ned necessary	

named student while participating in events related to Viva Vida Art Gallery and Viva Vida Art Centre.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release Viva Vida Art Gallery and individuals from liability in case of accident during activities related to Viva Vida Art Gallery, as long as normal safety procedures have been taken.