

SECTION A-1: STUDENT INFORMATION						
ID #	FULL NAME (First and Last)	AGE	Birth Date dd-mm-yy	Allergies/Health/ Notes	Program City: Please Circle	Program Group: Please Circle
1					NF / StC / Wld	4-6 / 7-14 / 14-16
2					NF / StC / Wld	4-6 / 7-14 / 14-16
3					NF / StC / Wld	4-6 / 7-14 / 14-16
4					NF / StC / Wld	4-6 / 7-14 / 14-16

PROGRAM REGISTRATION: Payments Accepted By DEBIT, CREDIT or CASH ONLY. ALL Funds Non Refundable

SECTION A-2:	Saturday Art Classes		
STUDENT ID #	Please Circle Session Below	CLASS TITLE	Cost/Student
	Early Fall / Late Fall / Winter / Early Spring / Late Spring		\$125
	Early Fall / Late Fall / Winter / Early Spring / Late Spring		\$125
	Early Fall / Late Fall / Winter / Early Spring / Late Spring		\$125
	Early Fall / Late Fall / Winter / Early Spring / Late Spring		\$125
	Early Fall / Late Fall / Winter / Early Spring / Late Spring		\$125
(ADD to Section E at BOTTOM RIGHT side of Form) SUBTOTAL CLASS COSTS DUE			\$

SECTION A-3:		ART CAMPS → TYPES: MARCH BREAK / SUMMER / OTHER								
Student ID #	CAMP TYPE:	CAMP LENGTH: Please Circle Choices	SUMMER: WEEK #	VIRTUAL: Please Circle			Camp Title	COSTS / Student		
				DAY	TIME			FULL	Half	
		AM / PM / FULL / VIRTUAL		WED / FRI	AM	PM		\$200	\$125	
		AM / PM / FULL / VIRTUAL		WED / FRI	AM	PM		\$200	\$125	
		AM / PM / FULL / VIRTUAL		WED / FRI	AM	PM		\$200	\$125	
		AM / PM / FULL / VIRTUAL		WED / FRI	AM	PM		\$200	\$125	
		AM / PM / FULL / VIRTUAL		WED / FRI	AM	PM		\$200	\$125	
(ADD to Section E at BOTTOM RIGHT side of Form) SUBTOTAL CAMP COSTS DUE:										

Section A-4: AFTER / BEFORE CARE for Camps			PLEASE CIRCLE CHOICES BELOW:						
TIMES	COSTS / STUDENT	STUDENT ID#:	WEEK	OR	DAY	IF SUMMER: Week #'s	Subtotals:		
AM 8:30 Drop Off	\$25/week or \$5/day	1 / 2 / 3 / 4	Y / N		M / T / W / R / F		\$		
PM 4:00 Pick Up	\$25/week or \$5/day	1 / 2 / 3 / 4	Y / N		M / T / W / R / F		\$		
(ADD to Section E at BOTTOM RIGHT side of Form) SUBTOTAL EXTRA CARE DUE:							\$		

SECTION B: PARENT/GUARDIAN CONTACT INFORMATION		SECTION D-1: PAYMENTS	
Contact #1 (MAIN): Full Name	Relationship	Payments Accepted By DEBIT, CREDIT or CASH ONLY. ALL Funds Non-Refundable	
Address		SECTION D-2: Paying By Credit Card?	
		Billing Address same as Contact #1? YES / NO	
City		Postal Code	
Contact #1 Phone #			
		City	POSTAL
Contact #1 Email Address			
Contact #2 (Emergency): Full Name	Relationship	CARD TYPE CARD NUMBER	
		VISA #:	
Contact #2 Phone #		MASTERCARD#:	
		CVV(3Digits):	
		EXPIRY (mm/yy):	
SECTION C: Mandatory Registration Releases & Policies			
<div><div><div><div><div><div>☑ Media Release:</div><div>Please note that participants in all of our programs may be photographed for media/promotional purposes related to the Niagara Falls Art Gallery. If you wish your children to NOT be photographed, please initial the box at right.</div></div></div><div><div><div>No Photos</div><div><div></div><div>Initials</div></div></div></div></div></div></div>			
<div><div><div><div><div><div>☑ Payment policy & Covid Release:</div><div>I agree and understand that all funds given to the Niagara Falls Art Gallery are NON REFUNDABLE and that, at the sole discretion of the Niagara Falls Art Gallery, only proportional credits may be offered in certain circumstances.</div></div></div><div><div><div>I also have read, understood and agree to the policies of the Niagara Falls Art Gallery including but not limited to those concerning health and safety. I also voluntarily assume all risks related to the possible exposure to COVID-19 for myself and/or children and absolve the Niagara Falls Art Gallery, all operations, persons and staff of any liability.</div></div></div></div></div></div>			
SIGNED (Parent Or Guardian)		You can sign Digitally or Print and Sign	
SECTION D-1: NAME AS APPEARS ON CARD (PLEASE PRINT)			
I hereby authorize the Niagara Falls Art Gallery to charge the TOTAL NOW DUE in SECTION D to my credit card using the information I have provided.			
AUTHORIZATION SIGNATURE (In Person/Mail)			
If this section is completed, signature will be used from Section C.			
Check If Authorized By Phone:			
SECTION E:	\$ \$ AMOUNT DUE \$ \$		
SUBTOTALS DUE		AMOUNT	
Sec. A2—Art Classes		\$	
Add (+)	Sec. A3—Art Camps:	+\$	
Add (+)	Sec. A4—Extra Care:	+\$	
TOTAL NOW DUE:		= \$	
OFFICE ONLY	BOOK:		
	Receipt #:		