



Cape Breton Centre for Craft and Design
Box 1686, 322 Charlotte Street
Sydney, NS B1P 6T7
Phone 902.539.7491 ext 114
Fax: 902.539.4807
E: cassie@capebretoncraft.com
W: www.capebretoncraft.com

Craft and Creativity Day Camps 2018 Registration Form

*Please print and use a separate form for each child.

****PLEASE CHECK for which camp you are registering:**

- | | |
|--|---|
| <input type="checkbox"/> July 9-13 (Ages 6-8) | <input type="checkbox"/> Half Day (AM or PM) or <input type="checkbox"/> Full Day |
| <input type="checkbox"/> July 16-20 (Ages 9-10) | <input type="checkbox"/> Half Day (AM or PM) or <input type="checkbox"/> Full Day |
| <input type="checkbox"/> July 23-27 (Ages 11-13) | <input type="checkbox"/> Half Day (AM or PM) or <input type="checkbox"/> Full Day |
| <input type="checkbox"/> August 7-10 (Ages 6-8) | <input type="checkbox"/> Half Day (AM or PM) or <input type="checkbox"/> Full Day |

**PLEASE NOTE THAT ON THE FRIDAY OF EACH WEEK WE INVITE PARENTS/GUARDIANS TO A SHOWCASE OF THE CAMPER'S ART IN THE AFTERNOON AND CAMP ENDS AT 2:30 PM ON THIS DAY.

Child's Last Name: _____ First Name: _____

Birth Date (m/d/y): / / Gender: _____

*Does the child have a medical condition the Centre should be aware of? Yes No

Medical Information. Please list any serious medical concerns, allergies or conditions that our staff should be aware of. Include any pre-existing conditions and physical or emotional concerns.

Does your child carry an epi-pen? Yes No If yes, where? _____

*** PLEASE NOTE ALL SNACKS AND LUNCHES MUST BE PEANUT FREE**

Health Card #: _____

(Health card number will only be used in the event of any emergency).

Parent/Guardian Last Name: _____ First Name: _____

Home Address _____

City: _____ Postal Code: _____

Home Phone #: _____ Business Phone #: _____

Cell #: _____ E-mail: _____

Is this the child's primary address? Yes No

Emergency Contact Name: _____

Relationship to child: _____

Does this emergency contact have permission and the ability to pick up the child? Yes No

Day Phone #: _____

Cell #: _____

Which (adult) size t-shirt will your child require?

Extra Small Small Medium Large Extra Large

Where did you hear about this program?

Returning Student Friend Website Radio Newspaper School Social Media

Other (*please explain*) _____

Cape Breton Centre for Craft and Design respects your privacy. We adhere to all legislative requirements with respect to protecting your privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date about Cape Breton Centre for Craft and Design activities. If you do not wish to receive this information, simply call 902.539.7491 and we will accommodate your request.

Liability Release:

I (name of parent/guardian) _____ realize that participation in the Programs at the Cape Breton Centre for Craft and Design may involve some risk of personal injury and damage to the studio property; therefore, I assume all risks related to these activities and release the Cape Breton Centre for Craft and Design its directors, officers and employees from all resulting liability from personal injury and property damage.

Signature of Parent/Guardian _____ **Date** _____

Photo Release

During special events we may take pictures of the children participating in various activities. These photos may be used for promotional purposes for the Cape Breton Centre for Craft and Design such as brochures, newsletters, posters and/or on the Cape Breton Centre for Craft and Design website. (www.capebretoncraft.com). We are requesting your permission to have your child appear in these photos by signing the waiver below.

I grant permission to Cape Breton Centre for Craft and Design to use photographs taken of _____ (child's name, please print) for use in the Cape Breton Centre for Craft and Design's promotional pieces and website.

Signature of Parent/Guardian _____ **Date** _____

Payment Information Fees are listed at capebretoncraft.com/learn/craftcamp/

Full Payment Enclosed by: Visa MasterCard

Credit Card #: _____ Expiry Date (Month/Year): __ / __

Cardholder Name (please print): _____

Signature: _____



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Pick-Up Permission Form

Please indicate ALL individuals who have permission to pick up your child from camp INCLUDING the parent/guardian(s) AND the person who registered the child if they are authorized for pick-up. **Those picking up a child must have a valid piece of identification (driver's license, etc) to verify their name on the pick up list.**

Children aged 11 years or older may leave on their own if a note is provided verifying permission to leave on a given day, or regularly if the box below has been selected.

Please note that anyone not on a child's pick-up list will not be able to leave with the child until someone who is authorized verifies them. Please help us minimize delays by ensuring that anyone who may pick up your child is included on the list below.

Additional people can be added once camp starts by contacting the office staff or speaking to your child's group staff.

Child's Name: _____ **Age:** _____

| Name: | Relation: |
|-------|-----------|
| | |
| | |
| | |
| | |
| | |

My child has **permission to go home on their own** each day after the end of the program.
Please circle an option:

YES, my child may go home on their own.

NO, my child must leave with an individual from the authorized pick-up list.

Signature of Parent/Guardian: _____

Date: _____

Return completed form to Cassie at Cape Breton Centre for Craft & Design by fax, email or mail.