



## Art Club Registration Form

### Options

January-March Classes	April to June Classes	October to December Classes
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### Times

Tiny Explorers (Ages 2 & 3)	Saturdays @ 10:00AM		
Little Adventurers (Ages 4 - 6)	Tuesdays @ 6:00PM	<b>OR</b>	Sundays @ 10:00AM
Creative Crafters (Ages 7 - 9)	Wednesdays @ 6:00PM	<b>OR</b>	Sundays @ 1:00PM
Creative Crafters (Ages 10 - 12)	Thursdays @ 7:00PM	<b>OR</b>	Sundays @ 3:30PM

### Prices

Item	Price	Quantity	Amount
10 Session Classes	\$235		
GST	5%		
<u>TOTAL</u>			

### I. Participant Information

Name:	
Address:	
City:	Postal Code:
Phone Number:	Health Card #:
Birth Date:	

### II. Parent or Guardian Information

Parent/Guardian #1:	Parent/Guardian #2:
Relationship:	Relationship:
Phone #	Phone #
Is this person an Emergency Contact?	Is this person an Emergency Contact?
Is this person allowed to pick up the child?	Is this person allowed to pick up the child?
Primary Email for Club Communications:	

### III. Medical / Behavioral Information

My child has medical conditions (including allergies) and/or behavioral concerns

If Yes please describe

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Please note any other information about the Artist's health and wellness that may affect his or her Studio experience. (Social / behavior concerns, etc.) This information will be held in confidence and will assist the staff in providing a safe and happy place for everyone. Adults may discuss their concerns with Keshia prior to start date if needed:

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Welcome to our Art Club! I have a bit of information regarding the studio for you below.

Our studio is located at 200 3<sup>rd</sup> Avenue south. We are on the corner of 3<sup>rd</sup> and 21<sup>st</sup>. Right across from the School Board and beside Smoke's Poutinerie. You will enter through the store doors of CountertopART and our studio is on the second floor. The store is open until 5pm so the doors may be locked when you arrive, I will be there to greet you and unlock the doors if they are locked. If you are able, I welcome you to come early before the store closes and check out all the great vendors from Saskatchewan that sell their products in the first level.

If your Artists want to bring a water bottle that would be great. Indoor shoes are not a requirement, as our floor is very soft and easy on the feet. The studio really is a cozy art haven.

I would also suggest that they do not wear the nicest clothes to the studio, I have aprons for each little artist to wear, but there is always a chance someone's clothes can get paint on them.

If you need to get a hold of me for any reason, I can be reached on my cellphone 306-221-6026

Keshia



Media Release and Consent Form

I hereby consent to have Kreativemum, or any person on its behalf, interview myself or my son/daughter or ward; use my testimonial, or the testimonial of my son(s), daughter(s) or ward(s), with the understanding that the interview(s), testimonial(s) and/ or photographs may be used for the administration, organization and promotion of Kreativemum. I understand that my name, or the names of my Son, Daughter or Ward will NOT be used in connection with such interview(s), testimonial(s), photograph(s) and/or Videography unless further notified. I am over 18 years of age.

Name: \_\_\_\_\_

Child/Ward's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OR

I do not consent to the use of the image, or testimonial of myself or of my child/ward for the purposes listed above.

Name: \_\_\_\_\_

Child/Ward's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Credit Card Authorization Form

Please disregard this form if you have already paid through our shopify store

Credit Card Information
Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> VISA Debit <input type="checkbox"/> American Express
Card Holder Name (As Shown on Card)
Card Number
Expiration Date (mm/yy)
Security Code (3 Digits)
Credit Card Billing Address

I, \_\_\_\_\_ authorize Kreative Mum to charge my credit card in the amount of \_\_\_\_\_ for services rendered at Kreativemum Art Studio.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indication date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Cardholder's Signature \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_