

360 GEORGE STREET NORTH,
Unit 3 PETERBOROUGH SQUARE
PETERBOROUGH, ONTARIO K9H 7E7
705 775 1797



Artisans Centre Peterborough - Parental Permission Form - 2019

This form is mandatory for all Artisans Centre Peterborough (ACP) registrations for children and teen classes. It must be submitted on the start date of any program the registrant is attending.

Child/Teen First Name _____ Last Name _____

Birth Date – (yyyy/mm/dd) _____

Parent/Guardian Name _____

Phone number Home _____ Work _____ Cell _____

Address _____

Parent/Guardian email address _____

Name of class _____

Please indicate day(s) attending M ___ T ___ W ___ Th ___ F ___

Does the child/teen require one-on-one support of a support worker? _____

If so, please make arrangements and provide name _____

List allergies, medical conditions, disabilities, conditions, needs, behaviours, and any special instructions we should be aware of:

Release Authorization

The following have permission to pick up my child from the Artisans Centre Peterborough in Peterborough Square. The child will not be released to any other person unless pre-arranged. **Provide at least one other contact name and phone.**

Name	Relationship to child/teen	Day Phone
_____	_____	_____
_____	_____	_____

My child is over 14 years old and has permission to sign themselves out
Yes _____ No _____

My signature below confirms permission for my child to participate in all ACP activities outlined within the description of the class for which she/he is registered, within Unit 3, Peterborough Square. In the course of program activities, photos may be taken. I hereby:

- agree to permit ACP program staff to act on my behalf in case of an emergency
- agree that my child/teen's photo may be used for promotional purposes by the Artisans Centre Peterborough, including on social media outlets. (If you would like to opt out of photography, please discuss with the teacher of the class)
- certify that as an individual parent/guardian signing this agreement, I am acting as an agent of the other parent(s)/guardian(s) and have the authority to execute this agreement on their behalf.

Parent/Guardian Signature _____ Date _____

Teacher Signature _____ Date _____

Contact ACP at 705-775-1797 or executive@artisanscentre.ca

Lunches and snacks must be peanut-free.