

Niagara Falls Art Gallery / Niagara Children's Museum / Art Gallery of Welland
Registration Form

Fill Out Digitally with Adobe XI: [Get Adobe Reader](#)

Saturday Classes			MARCH BREAK <input type="checkbox"/> or WINTER BREAK <input type="checkbox"/>			\$\$\$
Age Group:	Niagara Falls	Welland	Niagara Falls	Welland	St. Catharines	
Wee Wuns (4-6yrs) <input type="checkbox"/>			Wee Wuns (4-6yrs) <input type="checkbox"/>	n/a	<input type="checkbox"/>	
Children (7-14yrs) <input type="checkbox"/>			Children (7-14yrs) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Artistic Assistance (14-16) <input type="checkbox"/>			Artistic Assistance (14-16) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Niagara Falls	Welland	St. Catharines	A 5 Day Camp (Monday – Friday)			SUBTOTALS
<input type="checkbox"/> \$100.00 <input type="checkbox"/>	<input type="checkbox"/> \$110.00 <input type="checkbox"/>	<input type="checkbox"/> \$110.00 <input type="checkbox"/>	Full Day Camp	9 am – 3:30 pm	<input type="checkbox"/> Qty <input type="text"/>	\$150/child
7 Week Sessions	8 Week Session		AM Camp	9 am – 11:30 am	<input type="checkbox"/> Qty <input type="text"/>	\$80/child
Early Fall <input type="checkbox"/> Qty <input type="text"/>	Fall <input type="checkbox"/> QTY <input type="text"/>		PM Camp	1 pm – 3:30 pm	<input type="checkbox"/> Qty <input type="text"/>	\$80/child
Late Fall <input type="checkbox"/> Qty <input type="text"/>	Winter <input type="checkbox"/> <input type="text"/>		Doors Open:			V
Winter <input type="checkbox"/> Qty <input type="text"/>	Spring <input type="checkbox"/> <input type="text"/>		8:50 am for Full/AM students & 12:50 pm for PM students			Total Program \$ <input type="text"/>
Early Spring <input type="checkbox"/> Qty <input type="text"/>			ALSO AVAILABLE			Additional Costs
Late Spring <input type="checkbox"/> Qty <input type="text"/>			Before Care	8:30 am Drop off	<input type="checkbox"/>	\$25/wk/child
Total Cost: <input type="text"/>	<input type="text"/>	<input type="text"/>	After Care	4:00 pm Pick up	<input type="checkbox"/>	\$25/wk/child
CLASS NAME(S) [Use 'Summer' Section below for extra classes]			Please bring this form with you to register or you can mail it to our Regional Office – see details below.			TOTAL AMOUNT
1 <input type="text"/>						<input type="text"/>
2 <input type="text"/>						<input type="text"/>

SUMMER ART CAMPS – 5 DAYS (4 Days of Art + 1 Free Games Day) *Holidays Excepted – see schedule

AGE GROUP & LOCATION				PROGRAM INFO: Types/Times/Costs				
AGE Group	Niagara Falls	Welland	St. Catharines	TYPE	TIME	QTY	COST	SUBTOTALS
Wee Wuns (4-6yrs) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Day Camp	9 am – 3:30 pm	<input type="text"/>	\$150/child	<input type="text"/>
Children (7-14yrs) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM Camp	9 am – 11:30 am	<input type="text"/>	\$80/child	<input type="text"/>
Artistic Assistance (14-16) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PM Camp	1 pm – 3:30 pm	<input type="text"/>	\$80/child	<input type="text"/>
CAMP NAME(S): <input type="text"/>				DOORS OPEN:				
Week #: <input type="text"/> FULL Day <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/>				8:50 am for Full/AM students & 12:50 pm for PM students				
CAMP NAME(S): <input type="text"/>				ALSO AVAILABLE:				
Week #: <input type="text"/> FULL Day <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/>				Full Day / AM Campers				
CAMP NAME(S): <input type="text"/>				Before Care 8:30 am Drop off <input type="checkbox"/> \$25/wk/child				
Week #: <input type="text"/> FULL Day <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/>				Full Day / PM Campers				
CAMP NAME(S): <input type="text"/>				After Care 4:00 pm Pick up <input type="checkbox"/> \$25/wk/child				
Week #: <input type="text"/> FULL Day <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/>				Please bring this form with you to register or by MAIL:				
STUDENT INFORMATION (All Information Required)				8058 Oakwood Dr, Niagara Falls, Ont, L2E6S5				

STUDENT INFORMATION (All Information Required)		PAYMENTS: METHODS & POLICY	
FULL NAME: <input type="text"/>		Payments are non-refundable; applicable programming credit only.	
AGE: <input type="text"/>	BIRTH DATE: <input type="text"/>	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD <input type="text"/> cvc (Last3Digits) <input type="text"/>
^^ ADDRESS / CITY / POSTAL CODE (**BILLING Address For Credit Cards Payments)		CARD#: <input type="text"/>	
<input type="text"/>		EXP: <input type="text"/> Please include billing address @ left	
<input type="text"/>		<input type="text"/>	
^^ HOME PHONE <input type="text"/>		NAME AS APPEARS ON CARD (Please Print)	
^^ EMAIL <input type="text"/>		<input type="text"/>	
^^ PARENT'S FIRST NAME <input type="text"/>		AUTHORIZATION SIGNATURE (Please Sign Printed Form)	
^^ EMERGENCY CONTACT NAME <input type="text"/>		<input type="checkbox"/> MAIL: Credit Card(Fill ABOVE), Money Order, Cash	
^^ ALLEGIES or HEALTH CONCERNS <input type="text"/>		<input type="checkbox"/> PHONE: Credit Card	
^^ EMERGENCY PHONE # <input type="text"/>		<input type="checkbox"/> In Person: Cash, Credit, Debit* (*Regional Office Only)	
OFFICE USE ONLY		<input type="checkbox"/> ONLINE <input type="text"/> PAY 4 CLASS <input type="text"/> PAY 4 CAMP <input type="text"/> Please Click!	
Receipt Book: <input type="text"/>	Receipt#: <input type="text"/>	<input type="checkbox"/> EMAIL: I authorize the Niagara Falls Art Gallery to charge the above specified amounts to my credit card. (Please fill in above fields).	

Please note that participants in all of our programs may be photographed for media/promotional purposes.

Please initial this box if you wish that your child/children NOT be photographed: