

The Laughing Trunk Inc.

Art Workshop & Camp Registration Form

One Registration Form Per Child
Please Print Clearly

Address: 5602 Tenth Line West, Unit 106
Mississauga, ON. L5M 7L9
Phone: 905-858-5884
Fax: 905-858-2381
Website: www.thelaughingtrunk.ca
email: thelaughingtrunk@bellnet.ca

Child Information	
Last Name: _____	First Name: _____
Date of Birth (mm/dd/yy): _____	
Health Card #(for medical emergency): _____	
Allergy/Medical Information: _____	
Camp Only: (Please check if needed) <input type="radio"/>	
Outing: <input type="radio"/> Yes <input type="radio"/> No	
T-shirt Size: SM M L XL	
Extended Hours: <input type="radio"/> 8:00a.m. – 9:00a.m. <input type="radio"/> 5:00p.m. – 6:00 p.m.	

Parent/Guardian Information:	
Last Name: _____	First Name: _____
Mailing Address: _____	
City: _____ Postal Code: _____	
Phone Home: _____	Cell: _____
Work: _____	
Email Address: _____	
Emergency Contact & Phone:	
Name: _____	Phone: _____

Please list the Full Name of any other person(s) you authorize to pick up your child: _____

How did you hear about us: _____ Referred By: _____

Workshop/Camp Session (See workshop Session Chart)		
Name of Workshop	Date and Time of Session	Price
Total Session Price (programs added together)		\$
Coupon or family discount		- \$
GST 5%		+ \$
Total		\$
Deposit (full or \$50.00 for each program)		\$
Balance Due two weeks prior to first day of class		\$
Pre-Authorized		
<input type="radio"/> Cheque (s) #: _____	_____	Signature: _____
<input type="radio"/> Visa / Mastercard #: _____	_____	
Exp. Date(as shown on card): _____	Date Paid: _____	

Waiver Information: **IMPORTANT Please Read and Sign**

I give permission for the child listed above to attend and participate in The Laughing Trunk Inc. workshops, programs and camps. I have read the registration information and regulations in its entirety and understand The Laughing Trunks Inc. policies and procedures in full and agree to abide by them. I understand and am willingly assuming the risks of injury and health of my child involved in participating. In the event of a medical emergency I consent to basic medical attention if deemed necessary. I agree to waive my right to legal action and forever discharge The Laughing Trunk Inc., the owners, building landlord, operators, staff and affiliates and designates from all claims actions demands, damages and actions whatsoever and however caused while on and participating at The Laughing Trunk Inc. programs and premises. I give permission to The Laughing Trunk Inc. to photograph my child for use in programs and advertising.

Parent/Guardian Signature: _____ Date: _____

Please note: Personal information will be used exclusively for The Laughing Trunk Inc. Your information will be on file for one year. Each year you will be required to fill out a new registration form.

Check if you would like to receive promotional information via email.