



artSpace Registration Form

Information is for artSpace Office use only and will be held in confidence.

Return registration form to the North Peace Cultural Centre

10015 100th Avenue, Fort St. John, BC, V1J 1Y7

Phone: 785-1992 Fax: 785-1510 email artspacecoordinator@npcc.bc.ca www.npcc.bc.ca

Last Name: _____ Male: _____ Female: _____
 First Name: _____ Age: _____ DOB: _____

**parents are required to stay in the classroom with Children 3 years & younger*

Parent or Gaurdian: _____

Have you registered for artSpace Classes within the last 12 months? _____

Care Card#: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

Are there any medical conditions that we need to be aware of? _____

Medications _____ Allergies _____

Asthma _____ Other _____

Do you allow promotional photos to be taken of participant? _____

Is there anything you do not wish your child to participate in? _____

Snacks _____ Holidays _____

Movies _____ Other _____

Emergency Contact: _____ Phone: _____

People authorized to P/U: _____

CLASS/COURSE: _____

Session: Fall: _____ Winter: _____ Spring: _____

Signature of Registrant: _____

Registration Date: _____ Staff: _____ Paid: _____



North Peace Cultural Centre's artSpace Program

10015 100th Avenue, Fort St. John, BC, V1J 1Y7 • Phone: 785-1992 • www.npcc.bc.ca

Receipt of Payment

Name of Registrant: _____ Class/Course: _____

Payment received from: _____ \$ _____ Date: _____

Authorized Signature: _____

Please keep this receipt for your records. Please be advised that not all children's classes are accepted by Revenue Canada.