



Jamaica

## Saturday Art Time Registration Form

Please fill out the following form in BLOCK CAPITALS

### SECTION A

NAME: \_\_\_\_\_ AGE \_\_\_\_\_

SEX:            Male [ ]            Female [ ]

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DO YOU HAVE ANY HEALTH PROBLEMS e.g. allergies etc?            Yes [ ]            No [ ]

(If yes, please state) \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS (If different): \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

HAVE YOU EVER PARTICIPATED IN '*ART ON THE WATER FRONT*'?    Yes [ ]            No [ ]

HAVE YOU VISITED THE NATIONAL GALLERY BEFORE?            Yes [ ]            No [ ]

(If yes, when or how many times?) \_\_\_\_\_

### SECTION B

DECLARATION:            I declare that the information given on this registration form is true to the best of my knowledge.

SIGNED \_\_\_\_\_

(Parents/Participant)