



National Gallery of Jamaica

Saturday Art-Time Registration Form

Please fill out this form in BLOCK CAPITAL LETTERS

PARTICIPANT INFORMATION

Name..... Date of Birth.....

Age Sex: Male [] Female []

School Grade

Home Address

Telephone (H) (C)

Email Address

Do you have any health problems (eg. allergies, etc.)? Yes [] No []

(If yes, please state)

PARENT/GUARDIAN CONTACT INFORMATION

Name

Relationship to participant

Address (if different)

Telephone # (H) (C) (W)

Email Address

Has your child participated in *Saturday Art-Time* before? Yes [] No []

How did you find out about the programme?

Signature of Parent/Guardian

Date