

*Lavender Art*  
STUDIOS

*21*  
YEARS

# School Holiday Program

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Registration Forms

# REGISTRATION FORM

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I wish to register my son/daughter in the **January** 2020 program.

Standard Rate: **\$75** per 3 1/2 hour art workshop per child

Pay **\$10.00** extra per child for an early 8.30am drop off

Pay **\$10.00** extra per child for a late 5.30pm pick up

(Note next to session if you require early drop off/late pick-up)

Name of Parents: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_

Please Tick

Cheque

Cash

Internet Banking

## INTERNET DEPOSIT OPTION

The Lavender Art Studios Pty Ltd bank account information is:

St George Bank

BSB: 112 - 908

Account: 477 509 939

Please put in the description box the follow code:

SHP (your child's name)

Example: SHPAshley

# Octopus's Garden

Student's name: \_\_\_\_\_

Please Individually circle which art workshop session/s your child/children will attend.

Please note - There are no repeat programs. Each workshop is unique!

## WEEK 1 SCHEDULE

	<i>Monday 18th January</i>	<i>Tuesday 19th January</i>	<i>Wednesday 20th January</i>	<i>Thursday 21st January</i>	<i>Friday 22nd January</i>
Morning Session  <b>9AM - 12.30PM</b>	Drawing (Coloured Pencils)	Acrylic Paint- ing	Drawing (Pencil/Draw & Wash)	Acrylic Paint- ing	Art Bars (Coloured Mixed Media Dry & Wash)
Afternoon Session  <b>1.30PM - 5 PM</b>	Sculpting	Art Bars (Coloured Mixed Media Wash)	Sculpting	Soft Chalk Pastels	Printmaking

## WEEK 2 SCHEDULE

	<i>No Class</i>	<i>Public Holiday</i>	<i>Wednesday 27th January</i>	<i>Thursday 28th January</i>	<i>Friday 29th January</i>
Morning Session  <b>9AM - 12.30PM</b>	N/A	N/A	Drawing (Coloured Pencils)	Acrylic Paint- ing	Soft Chalk Pastels
Afternoon Session  <b>1.30PM - 5 PM</b>	N/A	N/A	Sculpting	Art Bars (Coloured Mixed Media Dry & Wash)	Printmaking

# INFORMATION FORM

Today's date: \_\_\_/\_\_\_/\_\_\_

Student's name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Parents or Guardian Name \_\_\_\_\_

Phone Numbers: w \_\_\_\_\_

m \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Class \_\_\_\_\_

Emergency Contact: Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

List on-going medications \_\_\_\_\_

Name of Doctor/Specialist Therapist \_\_\_\_\_

Phone Number \_\_\_\_\_

## Publicity Consent:

I agree for my child and/or their artwork to be  
photographed for use in Lavender Art  
Studios promotional material (Please tick)

Yes

No

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_