



Lúz Gallery for the Photographic Arts - Children's Workshop Registration Form

WORKSHOP: _____ DATES: _____

Student's Name: _____ Age: _____

Street Address: _____ City: _____

Postal Code: _____ Home Phone: _____

Parent / Guardian Name: _____ Phone During Class: _____

Alternate Contact Name: _____ Relation: _____

Phone # During Class: _____ Your Email: _____

PLEASE NOTIFY US OF ANY HELPFUL INFORMATION PERTAINING TO YOUR CHILD:

(For example: Allergies including drug and food, learning disabilities, special needs, etc.) This confidential information is given only to instructors in order to make our workshops as safe and positive as possible for your child. If applicable, please make any notes at the end of the form in the comments section.

I authorize the Lúz Gallery staff to take the student off site for scheduled activities.

I will pick up the student, _____ from the Lúz Gallery program. In my absence, I hereby authorize either of the following two people to pick up the student:

1. _____ 2. _____

Relation _____

Relation _____

These people may be required to provide identification to Lúz Gallery staff to verify their name.

Brief Questionnaire (optional)

1. Has your child taken art classes before? (if so, which ones) _____
2. Where did you hear about our programs? _____
3. Do we have your permission to take photographs/videos of the student during classroom activities?
These photos may be used for advertising purposes. YES NO
4. Would you like to be on our email list? circle all that apply:
KIDS WORKSHOPS ADULT WORKSHOPS GALLERY & UPCOMING EVENTS
Email address _____

PAYMENT

A 50% deposit is due upon registration. The remaining balance is due 2 (two) weeks prior to course start date, unless otherwise noted. Workshops/Seminars that total under \$200 are to be paid in full at time of the registration.

RECEIPT OF PAYMENT

For all online enrollments, a receipt of payment will be generated and sent automatically to the student's guardian email account. For all phone or in-person enrollments, a receipt of payment will be generated and sent to the student's guardian email account within one week of receiving payment. Two weeks prior to the workshop start date, each student will receive a separate email providing information concerning parking, directions and what to bring and the remainder of the balance is due at this time.

REFUND AND CANCELLATION POLICY

A \$25 administrative fee will be charged on all refund requests. The request must arrive greater than two weeks prior to the workshop start date. No refunds will be provided for requests arriving two weeks or less prior to the workshop start date. All refund requests must be submitted in writing via email to workshops@luzgallery.com

A refund will not be issued if you/your child do not show up for your registered course, or if you register for a course beyond or below your skill or ability level.

Upon receipt of a refund request, students and parents will be provided the option of receiving course credit towards the purchase of another workshop. If a student/parent elects to receive credit, a voucher will be sent to the student's guardians email address. To redeem course credit, please email or mail the original voucher to Lúz Gallery. Credits will not be honored unless the original voucher is sent and received.

On occasion a workshop may cancel due to low enrollment or unforeseen instructor conflicts. If such a case occurs, all tuition will be refunded in full. Lúz Gallery will not be responsible for reimbursement of travel expenses of any kind. We will do our best to notify all students of a cancellation in a timely matter.

I, on behalf of the student and the student's parents and guardians hereby release Lúz Gallery, its Directors, and Employees from all actions, claims and demands for damages, loss or injury arising from any accidents which may be caused by, or arise out of the participation of the student named in any program or in any facility or at any location where a program is being held, whether or not caused by the negligence of or any of the aforesaid persons.

Signature of Parent / Guardian: _____

Witness: _____ Print Name: _____

Date: _____

ADDITIONAL COMMENTS:

Lúz Gallery | for the photographic arts
1844 Oak Bay Ave., Victoria, BC, Canada V8R 1C5
250 590-7557 | www.luzgallery.com

