

Natasha Duchene, Expressive Arts Therapist  
210 - 4817 49th Street, Yellowknife, NT  
X1A 3S7



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent / Guardian Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Parent / Guardian Name (optional) : \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please select the group you are signing up for:

- Expressive Arts for Kids Ages 5-6, 4pm - 5:15pm October 18 - November 22**
- Expressive Arts for Kids Ages 7-9, 6pm - 7:15pm October 18 - November 22**

Are there allergies or medical concerns regarding your child that we should be aware of? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

I/we give permission for my child to participate in the Expressive Arts for Kids workshop taking place October 18 - November 22.

Your child will not be permitted to be picked up by anyone else, without written consent as well as telephone confirmation with Heartwork Studio / Natasha Duchene.

I/we have listed any exceptions here: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_