

NAME OF CLASS/CLASSES ATTENDING:

CHILDS NAME:

ADDRESS:

D.O.B:

PARENT/GUARDIAN NAME:

CONTACT TELEPHONE NUMBER: LANDLINE: MOBILE:

ALTERNATIVE EMERGENCY CONTACT

NAME:

CONTACT TELEPHONE NUMBER: LANDLINE: MOBILE:

EMAIL ADDRESS:

/

MEDICAL INFORMATION RELEVANT FOR THE CHILD:

I DO/DO NOT (please delete as appropriate) GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AND VIDEOD FOR PUBLICITY PURPOSES AND FOR SOCIAL MEDIA:

NAME OF CHILD: SIGNATURE OF PARENT/GUARDIAN: