

# PARENT CONSENT & REGISTRATION FORM

## MINI MAKERS WORKSHOP



## WORKSHOP ADMISSION FORM

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

### CHILD'S INFORMATION:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female

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

City: \_\_\_\_\_ Post code: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Primary Guardian Name: \_\_\_\_\_

Relationship to Student: ☐ Mother ☐ Father Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address (if different from student): \_\_\_\_\_

Secondary Guardian Name: \_\_\_\_\_

Relationship to Student: ☐ Mother ☐ Father Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



## EMERGENCY CONTACT INFORMATION

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

Relationship to Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## MEDICAL INFORMATION

Does the child have any allergies? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

Does the student have any medical conditions we should be aware of? ☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

Dietary needs: \_\_\_\_\_

## SAFEGUARDING & COLLECTION

- ☐ I certify that the above information is correct to the best of my knowledge.
- ☐ I authorise the following people to collect my child (add names & contact numbers).
- ☐ I understand children will not be released to anyone not listed without prior notice.

## CONSENT & AGREEMENT

- ☐ I certify that the above information is correct to the best of my knowledge.
- ☐ I give permission for my child to participate in Mini Makers workshops.
- ☐ I understand that activities may involve paints, glue, slime, beads, and similar craft materials.
- ☐ I confirm my child has no known allergies to the materials (if yes, please list below).  
\_\_\_\_\_
- ☐ In the event of illness or accident, I authorise Mini Makers staff to administer first aid and/or seek emergency medical treatment.
- ☐ I give permission for my child to receive emergency medical treatment if necessary.
- ☐ In the event of illness or accident, I authorise Mini Makers staff to administer first aid and/or seek emergency medical treatment.

## LIABILITY & SAFETY

I acknowledge that Mini Makers staff take every reasonable step to ensure children's safety. I understand that Mini Makers is not liable for accidental injury, loss, or damage unless caused by negligence.

## DATA PROTECTION STATEMENT

Mini Makers will store your personal information securely and use it only for workshop administration, safety, and emergency purposes. We will not share your data with third parties. You may request to see or delete your data at any time.

## PHOTO / VIDEO CONSENT (GDPR)

- ☐ Yes, I give consent for my child to be photographed / filmed for use on Mini Makers' website, social media, or promotional material.
- ☐ No, I do not give consent.

## PARENT / GUARDIAN DECLARATION

- ☐ I certify that the above information is correct to the best of my knowledge.

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

Parent/Guardian

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

\_\_\_\_\_  
Mini Makers  
Workshop