



The Art Studio 314

[www.theartstudio314.com](http://www.theartstudio314.com)

[hello@theartstudio314.com](mailto:hello@theartstudio314.com)

## **REGISTRATION FORM**

### **PARENT / GUARDIAN DETAILS**

TITLE :	<input type="checkbox"/> MISS <input type="checkbox"/> MRS <input type="checkbox"/> MR <input type="checkbox"/> OTHER _____
FIRST NAME :	
LAST NAME :	
MOBILE NUMBER :	
EMAIL :	

### **WORKSHOP / CLUB**

<input type="checkbox"/> TUESDAY PRE-SCHOOL STAY & CREATE	9.45AM - 10.15AM NASH MILLS
<input type="checkbox"/> WEDNESDAY PRE-SCHOOL STAY & CREATE	1.15PM - 2.00PM BENNETTS END
<input type="checkbox"/> WEDNESDAY HOME EDUCATORS CLUB	2.15PM - 3.15PM BENNETTS END
<input type="checkbox"/> WEDNESDAY AFTER SCHOOL CLUB	3.45PM - 4.45PM BENNETTS END

### **CHILD / STUDENT DETAILS**

FIRST NAME :			
LAST NAME :			
DATE OF BIRTH :		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
DOES YOUR CHILD HAVE ANY ADDITIONAL NEEDS, ALLERGIES OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	PLEASE PROVIDE FURTHER INFORMATION IF NECESSARY....	

**ADDITIONAL CHILD / STUDENT DETAILS**

FIRST NAME :

LAST NAME :

DATE OF BIRTH :

☐ MALE☐ FEMALE

DOES YOUR CHILD HAVE ANY ADDITIONAL NEEDS, ALLERGIES OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?

☐ YES☐ NO*PLEASE PROVIDE FURTHER INFORMATION IF NECESSARY....***ADDITIONAL CHILD / STUDENT DETAILS**

FIRST NAME :

LAST NAME :

DATE OF BIRTH :

☐ MALE☐ FEMALE

DOES YOUR CHILD HAVE ANY ADDITIONAL NEEDS, ALLERGIES OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?

☐ YES☐ NO*PLEASE PROVIDE FURTHER INFORMATION IF NECESSARY....***EMERGENCY CONTACTS**

If you will not be staying at the sessions with your child, please provide the contact details of another adult (NOT YOURSELF) that we can contact in the event of an emergency.

FIRST NAME :

LAST NAME :

RELATIONSHIP TO CHILD :

**CONSENTS**

I CONSENT TO MY CHILD BEING SHOWN IN PHOTOGRAPHS & VIDEOS USED FOR PROMOTIONAL PURPOSES BY THE ART STUDIO 314. THIS INCLUDES IN PRINT, ONLINE & SOCIAL MEDIA

☐ YES

☐ NO

I CONSENT TO BASIC FIRST AID BEING ADMINISTERED BY THE TEACHER IF REQUIRED IN MY ABSENCE

☐ YES

☐ NO

I CONSENT TO MEDICATION BEING ADMINISTERED BY THE TEACHER AS REQUIRED - IE. EPIPEN, ASTHMA INHALER

☐ YES

☐ NO

I HAVE READ & UNDERSTOOD THE POLICIES AVAILABLE ONLINE

☐ YES

☐ NO

**SIGNATURE**

PLEASE SIGN HERE

DATE :