

Little Painter, Art Classes for children age 5 – 12 years old

Registration Form

Child's Details

Date of Registration:

| | | |
|--------------------------------|-------------------------------------|-------------------------------|
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | School attended: First language: | Name of key person: |

Parent/Guardian details

| Title: | First name: | Surname | Title: | First name: | Surname |
|---|----------------|--------------|---|----------------|--------------|
| Home address: | | | Home address (if different): | | |
| Does this child normally live at this address? Yes / No | | | Does this child normally live at this address? Yes / No | | |
| Work address: | | | Work address: | | |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Email address: | | | Email address: | | |
| Does this person have parental responsibility? Yes / No | | | Does this person have parental responsibility? Yes / No | | |
| Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details overleaf.) | | | | | |

Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

| | | |
|----------|-------------------|----------------------------|
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

Child's Doctor

| | |
|-----------------|------------|
| Name of Doctor: | |
| Address: | Telephone: |

About your child

| |
|--|
| Please detail any additional/special needs your child has: (please provide full details) |
| Please detail any dietary requirements / food allergies for your child: (please provide full details) |
| Is there anything your child doesn't like (food, games etc) or is scared of? We often use hairdryer in the class to dry the art work. Does your child mind this? |
| What are your child's favourite activities/ characters and toys that we could incorporate in our art work? |

Signature of Parent/Carer

Date:

Little Painter, Art Classes for children age 5 – 12 years old

Photograph Permission and Class Allocation

Child's name: _____

| Day | Time | Please tick the relevant box |
|----------|--------------------|------------------------------|
| Thursday | 4.30PM - 5.30 PM | |
| Saturday | 9.30 AM-10.30 AM | |
| Saturday | 11.30 AM -12.30 PM | |

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At Little Painter Art Classes we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

As the parent or carer of the child named below, I grant permission for images of my son or daughter or their art work to be used for the following purpose.
(please tick for consent)

| Purpose and medium | Use of child's picture | Use of the child's art work picture |
|---|------------------------|-------------------------------------|
| Club records of my child | | |
| To accompany staff or student coursework | | |
| Website for Club | | |
| Promotional material for the Club | | |
| Local newspaper or magazine | | |
| Observation and assessment | | |
| National newspaper or magazine | | |
| Other organisation's website | | |
| Other organisation's promotional material | | |

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child's participation.

Child's name:

Signed:
(parent/carer)

Date:

Print name: