



Little Arts & Crafts



Registration Form

Name of Child.....

D.O.B.....

Email of Parent/Guardian.....

Emergency Contact Name.....

Telephone..... Mobile.....

Health History

Does your child have any medical conditions, injuries, or allergies that the teacher needs to be aware of? If so, please detail below:

Parental Consent

BY FILLING IN THIS REGISTRATION FORM, YOU ARE REGISTERING YOUR CHILD TO TAKE PART IN LITTLE ARTS AND CRAFTS AT OATLANDS SCHOOL AND GIVING CONSENT TO THE FOLLOWING:

- I give permission for my child to receive basic first aid, including the application of plasters, if necessary.
- I understand the nature of activity involved in an art class and certify my child is medically fit to participate.

Please send your completed registration form to Fran Russell through email frances.russell@live.co.uk or hand into the school office. Please **DO NOT** send payment until you have been advised that your child has been allocated a place.

SPRING TERM 1 (2024)– TUESDAY 7th JANUARY – TUESDAY 1ST APRIL (12 SESSIONS).

Once your place has been confirmed, please make payment of £144 via BACS using your child’s name as the reference.

Account Name: F C RUSSELL:

Account Number: 02657074

SORT CODE: 60 22 25

PARENT NAME.....

SIGNATURE.....