

Henhouse Art School

www.henhouseart.co.uk



Registration Form

Student Information

Student's Name

Preferred Pronoun:

she/her he/him they/them other.....

Date of Birth & Age

School

Does your child suffer from any medical conditions or allergies?

Y/N

If yes please explain clearly below with details of any action required. If your child carries an EPEPEN please supply a copy of your doctor's medical plan for your child.

Does your child have any special needs? Y/N

If yes please explain clearly below of any action required.

Doctor's Name

Surgery

Telephone Number

Name & Day of Class Please circle

Saturday Juniors/Seniors

Parent/Guardian Information

Name

Relationship (ie Mother)

Address

Postcode

Email Address

Telephone Numbers

Emergency Contact Name

Emergency Contact Numbers

I agree to Henhouse Art School using photographs of my child _____ taken in class for marketing purposes. Tick here

I agree to Henhouse Art School using my email address to send information about future Art Activities and other notifications. Tick here I can opt out at any time by email.

Signature of Parent/Guardian..... Date.....

Please note this form will be kept for up to 12 months and will be securely disposed of in August.