

# Henhouse Art School

[www.henhouseart.co.uk](http://www.henhouseart.co.uk)



## Registration Form

**Student Information**

Student's Name

Date of Birth

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

Thursday Juniors/Seniors

Saturday Juniors/Seniors

**Parent/Guardian Information**

Name

Relationship (ie Mother)

Address

Postcode

Email Address

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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.**