

Arts and Crafts workshop registration form

Participant's name: _____

Age: _____ School: _____

Home/ mailing address:

email: _____

Allergies: _____

Special needs: _____

Parental information

Parent's name: _____ Mob: _____

Work contact no. _____

Emergency contact

1) Name: _____ tel no. _____

2) Name: _____ tel no. _____

Please, provide information about individuals your child has permission to go home with (name and contact number), as well as any other necessary information, such as: medication, special needs, special requirements and conditions to be aware of.

Payment (tick)

cash on the day

PayPal

I hereby give permission for my child/children to participate in Little Designers workshop with Monika Umba

YES

NO

I give permission to use my child's/children's photo in promotional material

In case of an accident I grant permission for my child/children to receive medical treatment, if needed, and authorize the attending physician to administer any necessary medical attention

Parent/Guardian's signature: _____

Date: _____

** If for any reason your child/children is unable to attend, we would request you to contact us before the workshop on 0754 345 7797*