



# 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](mailto: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.

**Autumn Term (2025) – TUESDAY 16<sup>th</sup> September – TUESDAY 16<sup>th</sup> December (13 SESSIONS).**

**Once your place has been confirmed**, please make payment of £156 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.....