



BOOKING & REGISTRATION FORM

Workshop Name:	I have checked all details are up to date on my child's registration and consent forms attached. Signature: _____
Dates Required:	

Registration Form - The details below will be used for every Workshop. Please notify us of any changes.

Parent Name(s): _____ Contact Tel: _____

Parent Name(s): _____ Contact Tel: _____

Email Address: _____

Home Address: _____

Child's Full Name: _____ D.O.B _____ Age: _____

Child's Preferred Name: (e.g. Joe instead of Joseph) _____

Emergency Contact Details (In the order that you'd like us to call in the case of an emergency)		
Name:	Relationship to Child	Contact Telephone Numbers
1		
2		
3		
4		

Collection

(Please provide details of any additional person you would like to be able to collect your child from the Workshop)

Name: _____ Contact No. _____

Please create a four digit PIN number that needs to be used when collecting your child.

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I have read and agree with the Creative Journeys for Kids Terms & Conditions.

Print: _____ Signature: _____

CONSENT FORM

Parents Name: _____ Childs Name: _____

Please sign next to each statement that you are happy to give consent for:	Signature
I give consent for Creative Journeys for Kids Paediatric First Aid trained staff to administer First Aid and to seek medical advice or emergency medical treatment, including the administering of Calpol should your child's temperature rise suddenly above 39 degrees Celsius.	
I give consent for Creative Journeys for Kids to hold personal information (paper and computer based) about myself, my child or my family.	
I give consent for Creative Journeys for Kids to share Photographs of Workshop activities that include my child, in a parents newsletter and to use on display at the Workshop.	
I give consent for Photographs that include my child to be used in promotional material for Creative Journeys for Kids, including on printed material and on the internet (children's names will NOT be used on any website or in any other forms of promotional material)	
I give consent for Creative Journeys for Kids staff to use Hypoallergenic Plasters on my child if necessary.	
I give consent for Creative Journeys for Kids to take my child on outings in the local area (NOT BY VEHICLE) supervised to play on outdoor play equipment, to go on discovery walks and to do outdoor activities.	

ADDITIONAL INFORMATION ABOUT YOUR CHILD

Is your child allergic to anything? (medicines, foods, products etc.) _____

Has this allergy been diagnosed by a medical professional? No Yes (Please complete Allergy Form)

Is your child at risk of having a severe allergic reaction? No Yes (Please complete Allergy Form)

Is your child at risk of an Anaphylactic reaction? No Yes (Please complete Allergy Form)

Any other medical conditions staff should be aware of? No Yes (Please detail below)

<p>Please provide any additional information you would like us to know about your child, family or circumstances.</p>
