

# A.R.Ts Afternoon Registration Form 2017/ 18

## CONTACT INFORMATION



NAME OF CHILD:

ADDRESS:

TELEPHONE NO:

E-MAIL:  
(please print)

**PLEASE NOTE:** We would like to use e-mail as a our main way of contacting you, so please supply us with a valid e-mail address to ensure your child gets access to performing opportunities.

## ABOUT YOUR CHILD

DATE OF BIRTH:

AGE:

SCHOOL YEAR:

SCHOOL:

DR'S NAME:

SURGERY:

DR'S TEL:

## HEALTH please give details

ALLERGIES:

ASTHMA:

ECZEMA:

OTHER:

MEDICATION:

If you child has any specific support needs please tick here

## EMERGENCY CONTACT please provide a different number to above

NAME:

TELEPHONE NO:

## PERMISSION – please tick

I give permission for photographs/ videos of my child to be taken within the activities

I give permission for the workers/ volunteers to take groups out of the building within the session

I give permission for my child to access appropriate health care where necessary

NAME OF PARENT/ GUARDIAN:

SIGNATURE:

DATE:

**WEBSITE:** [www.artsafternoon.org.uk](http://www.artsafternoon.org.uk) **E-mail:** [a.r.tsafternoon@gmail.com](mailto:a.r.tsafternoon@gmail.com)

A.R.Ts Afternoon is a Scottish Charitable Incorporated Organisation (SCIO) having charitable status under the Charities and Trustee Investment (Scotland) Act 2005. Charity no: SC045057