

# TOLBOOTH

## COURSES + CLASSES

# PARENTAL CONSENT & INFORMATION FORM

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

POSTCODE \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

CONTACT TELEPHONE NUMBERS HOME/WORK/MOBILE \_\_\_\_\_  
\_\_\_\_\_

Does your child suffer from any illnesses/allergies that we should know about?

Yes  No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

### CLASSES BEING ATTENDED

<b>1</b>	_____	Age Group	<b>4</b>	_____	Age Group
<b>2</b>	_____	Age Group	<b>5</b>	_____	Age Group
<b>3</b>	_____	Age Group	<b>6</b>	_____	Age Group

**DRAMA CLASSES ONLY** - It may be appropriate to employ the use of specialist hyper-allergenic stage make up as part of this class.

I consent to the use of stage make up. Yes  No

Images may be recorded during classes by Cultural Services staff for archive and publicity purposes.

I consent to this. Yes  No

### PLEASE NOTE THE FOLLOWING:

**Parental Consent Forms must be returned before the day of the class.**

Parents/Guardians should always accompany their child into the premises. Please ensure that you allow ample time when collecting your child and we request that you notify us if you are to be delayed at all.

Courses with insufficient numbers may be cancelled with 48 hours notice.

**I understand that while staff will take all responsible care to ensure the safety of my child, they cannot be held responsible for any loss, damage or injury incurred while in their care.**

I can be contacted on the above telephone numbers in the event of an emergency.

SIGNATURE OF PARENT/GUARDIAN  
\_\_\_\_\_

DATE \_\_\_\_\_