

# Summer Holidays 2025

## CRAFT WORKSHOPS

Registration Form for Ages 7-16  
(please complete one form per child)

Workshop Dates Attending:

### Child's Information

Full name: ..... Date of birth: .....

School (optional): .....

### Parent/Guardian Information

Name: ..... Relationship to Child: .....

Phone Number (primary): ..... Email Address: .....

Emergency Contact (other than parent/guardian listed above)

Name: ..... Relationship to Child: .....

Phone Number (primary): ..... Email Address: .....

### Medical & Special Needs Information

Does your child have any allergies?

☐ No ☐ Yes

Please specify: .....

Does your child have any medical conditions  
or special needs we should be aware of?

☐ No ☐ Yes

Please specify: .....

### Permissions & Agreements

Media Release

I give permission for my child's photo/video to be taken and used for promotional purposes (we will never show full faces so that children can be easily identified):

☐ No ☐ Yes

### Behavior Policy

☐ Please tick. I have read and agree to the Parent Compliance Policy.

### Emergency Consent

☐ Please tick to consent. In the event of a medical emergency and if I cannot be reached, I authorize workshop staff to seek emergency medical treatment for my child.

Signature of Parent/Guardian: ..... Date: .....

### OFFICE USE ONLY

- ☐ Registration received
- ☐ Payment received
- ☐ Allergy/Medical info logged
- ☐ Media release noted
- ☐ Emergency contact confirmed

