

## Gardenrose Primary Family Crafts Sessions

## PLEASE REGISTER EACH CHILD SEPARATELY

Name of Child:
School: Class:
Date of Birth:/
Gender: Male / Female / Other / Prefer not to say
Address:
Post Code:
Parent/Carer Name and Contact Number:
All Children must be accompanied by an adult.
PARENT 1: Date of Birth:/
PARENT 1: Date of Birth:/
Emergency Contact Number:
Email (confirmation will be sent to this address)
Please share the following information:
Does your child take medicines/have any medical conditions
Yes/No
If yes
what:
Do you/your child suffer from any food allergies?
Yes/No
If yes, please specify

RETURN COMPLETED FORM TO YOUR CHILD'S
SCHOOL



BY Monday 28th NOVEMBER

