

CRAFTY CAKE DECORATING SUPPLIES

Children's Classes

Personal Contact Details

Family Name/s: _____ Name of Child: _____

Date of Birth: / / Preferred Name: _____

Address:

Phone: _____ Mobile: _____ E-mail: _____

Alternate emergency contacts:

1. Name: _____ Relationship to child: _____ Phone: _____

2. Name: _____ Relationship to child: _____ Phone: _____

Please give details (name, address and phone number) of other persons who you authorise to collect your child/ren in your absence, while in the care of the above-named group:

1. _____ 2. _____

Are there any family situations we should be aware of? Eg: custodial issues, other matters (please specify) _____

Permission to Participate in Program Activities

I consent to my child taking part in the approved program of activities at Crafty Cakes Decorating Supplies.

Signed _____ Date _____

Permission to be Photographed or Filmed

I give my permission for my child to be photographed or videotaped. I understand that the image may be displayed in the publications, or website. I understand that as a precaution my child's name will not be published or linked with photographs.

Signed _____ Date _____

Confidential Medical Report

The information below is requested to assist in case of any illness or accident. This information will be held in confidence.

Does your child have any allergies?

Please list _____

Please list special needs: (eg. Dietary requirements)

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

Please list _____

Does your child require any medication?

Please list _____ (*Please note - we cannot administer medication)

I authorise the instructor in charge of the above mentioned group where it is impractical to communicate with me, to arrange for my child to receive such medical or surgical treatment as the instructor may deem necessary at any time during the activities at crafty cakes decorating supplies

I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I appreciate that every care will be taken by instructors and those connected with Crafty Cakes decorating supplies cannot be held responsible for personal injury, loss or theft of property affecting my child.

Signature of Parent/Guardian:

_____ Name: _____ Date _____

Date of Children's class attending-----

Payment Details

Deposit Paid -----

Payment Date-----

Full payment -----

Payment Date-----