

Fairy School Registration Form

Fairy School dates requested (27th-31st July)

Full Name of child

Full Name of parents

Home address

Tel (day/mobile)

Email address

Child's date of birth

Emergency contact name &
mobile telephone (other than parents)

Doctor's name and telephone number

Medical allergies

Food and drink allergies

Please circle each of the following to indicate permission given:

Facepaint Hair Streaks Glitter spray Temporary tattoos

Anything else we should know?

In the event of a medical emergency incident/accident involving my child whilst my child is in the care of Twinkle Factory at Eddie Catz, I understand that the staff will endeavour to contact me as soon as possible. Where this is not possible, or where time is of the essence, I give my consent & authority to the Twinkle Factory and Eddie Catz staff to seek medical attention, advice or treatment for my child as appropriate. I consent for my child to have an adhesive dressing applied, if the First Aider feels it is required.

I understand that all records kept on my child are confidential and that I can view them at any time. I understand that my details will only be used for communication from Twinkle Factory or Eddie Catz and will not be distributed to third parties.

I consent to my child being included in photographs and video's used to record activities and special occasions. I agree for these materials to be displayed within the Twinkle Factory and Eddie Catz sites.

Parent's signature

Date
