

Child’s name ………………………………………………………………………

DOB……………………... Class ……………………………………………….

Parents/Carers name.…………………………………………………………….

Home address …………………………………………………………...............

……………………………………………………………………………………....

Emergency contact No 1…………………………………………………………

Emergency contact No 2…………………………………………………………

People who may collect your child ………………………………………..……

………………………………………………………………………………………

Can your child walk home alone? ................................................................

Is there anything we should know about your child?………………………….

………………………………………………………………………………………

**If your child has a medical condition that requires medication please request our ‘Medication Permission’ form**

We may take photos of children with their artwork

Please tick this box if you do NOT want your child photographed

**The information you provide will be held by Kidzone on a computer, which will be kept in a safe place and not accessible by the public**

**The contact details you provide will only be used for kidzone business**

Signed………………………………………...Date……………………………

x

x

Children must be collected promptly at end of session

**K I D Z O N E**