#  THIS FORM SHOULD BE COMPLETED BY A PARENT or GUARDIAN

# Child’s personal details

Child’s name

Child’s address

Child’s postcode

Child’s date of birth

# Emergency Contact

Guardian’s name

Relationship to child

Guardian’s telephone number

Guardian’s mobile number

Guardian’s email address

**Medical Information**

Does your child have a condition which may affect their wellbeing
while at WHALE Arts?

Please circle: Yes No

*If you wish, you may share any information about a disability, medical condition, allergy, illness or medication they are taking. This is so we can be of assistance to your child in the event of an emergency.*

TURN OVER

# Equal Opportunities Monitoring

*This information is for statistical purposes only and will always remain anonymous. Please tick the boxes as appropriate.*

Gender identity of child Male 🞎 Female 🞎 Non-binary 🞎 Prefer not to say 🞎

Ethnic origin of child

White British 🞎 White Other 🞎 Asian/Asian British 🞎

Black/Black British 🞎 Mixed 🞎 Other (please state)

# Is your child disabled? 🞎 Yes 🞎 No

# Agreement

***Please tick boxes to give consent and sign below***

I give my consent for my child to attend activities at WHALE that

he/she is registered for

I give permission for WHALE Arts Agency to send myself or my child
information on future activities and events

I give permission for WHALE Arts Agency to photograph / video my child

and/or their artwork for the purpose of documenting activities and for use

in marketing materials.

Signed Date

 *The information given on this form will be held at WHALE Arts Agency in compliance with the Data Protection Act 1998. It will not be shared with any other organisation*