

Fins Pottery Tuition

please complete this form and return it along with payment.

Date of Classes.....

1st Childs Name.....

2nd Childs Name.....

3rd Childs Name.....

Parents/Guardians Name.....

Address.....

.....

.....

.....

Emergency Contact Number.....

2nd Emergency Contact Number.....

Ages at time of summer classes.....

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Please detail any medical conditions that may affect the child.

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Please detail any
allergies.....

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Medical Consent. In the event of illness, having parental responsibility, I give permission for medical treatment to be administered if necessary by a nominated first aider or by a qualified medical practitioner. I hereby consent to the above child/children participating in activities at Fins pottery Tuition Summer Classes

Parent/Guardian name.....

Parent/ Guardian signature.....

Date/...../.....

I give permission for photographs of my child taken in the summer classes to be used on Fins Pottery Tuition website and other promotional material

Yes No

I heard about Fins Pottery summer classes through

Schools

Facebook

Website

Posters