



Children's Workshops at Pegasus Art
BOOKING FORM

Childs name.....

Date of birth.....

Address.....
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Email address.....

Emergency contact number.....

Home telephone number.....

Alternative emergency number.....

Allergies / Health issues

As an additional precaution, we are required to ask you if your child has any allergies or any health issues that you feel we should be aware of ie. injuries, medication, conditions, behavioural, fears/phobias, dietary requirements.

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Photographs / Video Recordings

I give permission for my child / children to be photographed whilst at Pegasus Art and for these to be used in marketing literature, press releases or publications and on our website and social media pages. (please circle) Y / N

Transport

I give my permission for my child / children to be transported by a member of Pegasus Art staff in an emergency medical situation. (please circle) Y / N

Data Protection

All information provided is covered by the Data Protection Act 2018 and is strictly confidential. I understand and agree to the above being held by Pegasus Art.

Our commitment to your child:

At Pegasus Art, we strive to provide your child with a creative, fun and stimulating environment. The tutor will be CRB checked and will be fully insured. There is a qualified First Aider in the building in case of emergencies. There is a First Aid Kit on site and we are minutes away from Stroud Hospital should your child need to be taken there in an emergency. Our child / adult ratio never exceeds one adult to ten children.

By signing this consent form you are confirming that you are aware that your children will be safe at Pegasus Art and that you have made us aware of any medical / behavioural / dietary issues. You are confirming that First Aid can be administered to your child by a Qualified First Aider in an emergency. You are also confirming that we can use photographs / video recordings for the purposes of promotion / marketing, unless otherwise stated. If a child is displaying unreasonable behaviour, we reserve the right to contact the parents / guardian and exclude them from the workshop.

I have read and agree to the above statements and confirm that the above information is accurate and complete.

Signed, Parent / Guardian.....

Date.....