

## Class Booking Form



### Your Details

Name of student: \_\_\_\_\_ Age: (if under 16) \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Address: (inc postcode) \_\_\_\_\_

Contact Numbers (landline and mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

### Special Requirements

*Please enter details here*

Do you/your child have any medical condition or allergies that we should know about?  Yes  No

*If yes, you are required to complete a medical consent form which is available from the office.*

### Preferences

Are you happy to be contacted by email and SMS text  Yes  No

Do you wish to receive information about membership of Courtyard Arts?  Yes  No  Already a Member

Do you wish to receive general information about Courtyard and our classes/workshops?  Yes  No

I hereby give my consent to have my photograph taken or be filmed. In accordance with the Data Protection Act 1998. The conditions for use can be obtained from the office. If you **do not** wish your photo to be used, please tick here

Date completed: \_\_\_\_\_

Payments for Year _____			
Class Details (Name, Day, Time)	Term	Amount	Date Paid