

Class Booking Form



Date: _____

Your Details

Name of student: _____ Age: (if under 16) _____

Parent/guardian name: (if under 16) _____

Postal Address: _____

Postcode: _____

Telephone Contact Numbers Mobile _____ Landline: _____

Email address: (please print clearly) _____

Special Requirements

Please enter details here

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

If yes, you will be required to complete a Medical Consent form - available from the office.

Communication Preferences

Your details will be used for the administration of the class you have joined

I would like to receive information about Courtyard Arts classes, events & associated activities
by email YES NO by SMS YES NO by phone YES NO

I would like to receive information about membership of Courtyard Arts
 YES NO Already a Member

We will not use or supply your information for any marketing purposes to which you have not agreed.

Please contact us for details of our Privacy Policy.

I am happy to be photographed/filmed at Courtyard Arts YES NO

Photos or films may feature on our website or social media channels

Class (Name, Day, Time)	Term / Year	Amount	Date Paid / Method