

The Dear Academy

Bespoke Character Development



REGISTRATION & CONSENT FORM

Child Details

Full Name:

Age:

Date of Birth:

Parent/Guardian Details

Parent/Guardian Name(s):

Phone Number(s):

Email Address:

Home Address:

Emergency Contacts (Three Required)

Contact 1 Name:

Relationship to Child:

Phone Number:

Contact 2 Name:

Relationship to Child:

Phone Number:

Contact 3 Name:

Relationship to Child:

Phone Number:

Medical Information

Medical conditions or allergies:

Medication required:

Consent

- ☐ Learning summary photos/videos (deleted after use)
- ☐ Promotional/social media photos/videos
- ☐ Basic first aid permission
- ☐ Emergency medical treatment permission
- ☐ Data storage consent (GDPR)

Food and Allergy Consent

I agree to inform The Dear Academy of dietary changes or allergies. I understand food may be used in learning.

Face Paint Consent

I give permission for non-toxic, hypoallergenic face paints. I will inform staff of any skin sensitivities.

Signature of Parent/Guardian:

Date:

For further information or to return this form, please contact:

Elizabeth Powell

Founder and CEO, The Dear Academy

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