

# CREATIVE KIDS ART CAMP

## Booking Form

---

Child's name:

Date of birth:

Sessions required:

31st July

7th Aug

14th Aug

21st Aug

28th Aug

Parent/carer name:

Tel:

Email:

Address:

Emergency contact (1) name and tel:

Emergency contact (2) name and tel:

Any medical conditions we need to be aware of:

Any allergies:

Any food intolerances:

Any additional needs:

Any other information we should know:

**Please note that payment in full is required to secure your place. Payment details will be sent to you once your booking form has been received. Many thanks.**