



Parent/Guardian Name (1) :

Mobile Number:

Parent/Guardian Name (2) :

Mobile Number:

Childs Name:

Date of Birth:

Address:

Home Number:

Email Address:

Do you wish to receive emails and text messages in relation to Starstruck Studios (e.g. monthly newsletter)

Yes:

No:

Any relevant health information or allergies that teacher should be aware of?

Yes:

No:

Details:

In the case of an accident, do you grant permission for your child to receive First Aid?

Yes:

No:

Do you grant permission for Starstruck Studios to use pictures/videos of your child for future Advertising, Print and Web Marketing?

Yes :

No:

Do you grant permission for your child to leave the premises without being collected by an adult?

Yes:

No:

I have read and understood the guidelines for Startruck Studios and I agree to comply with these guidelines

Signed: _____ Date: _____

Comments: