



Nene Art School C.I.C.

Art School C.I.C. Mob.: +447377703749, e: admin@neneartschool.co.uk

MEMBERSHIP AND CONSENT FORM 2024-2025

CHILD PERSONAL DETAILS

First name: _____

Middle name: _____

Last name: _____

Gender: Male / Female

Date of Birth (day/month/year): ____/____/____

PARENT/GUARDIAN PERSONAL DETAILS

Title: _____

First name: _____

Middle name: _____

Last name: _____

Full address: _____

Does this child live at this address (please, circle)? YES / NO / Sometimes

More details if you circled 'Occasionally' (how often child stays at this address):

Anyone else having parental responsibility for this child:

Title: _____

First name: _____

Middle name: _____

Last name: _____

Full address: _____

Does this child live at this address (please, circle)? YES / NO / Sometimes

Child lives here (please circle): Occasionally / Permanently

More details if you circled 'Occasionally' (how often child stays at this address):

If a child lives at address different from above, please state his/her HOME ADDRESS

Door No, Street:

City/Town: _____

County: _____

Postcode: _____

Country: _____

Reason of living at an address different from parents/carers' addresses:

Child's GP's (Doctor's, Surgery's) DETAILS

Name: _____

Door No, Street: _____

City/Town: _____

County: _____

Postcode: _____

Country: _____

Languages

Child's first language: _____

If child speaks, understands in other languages, please, specify it:

Nationality (optional)

It would be good to know your child's and your family's nationalities that we could support you better if needed, for example with using additional language or with understanding cultural differences and celebrating/marketing your main events, celebrations. Also, with ensuring that Core Values (find it at the end of this form) are in place at our centre which promotes diversity, acknowledgement and tolerance.

Child's nationality: _____

Mother's/Carer's nationality: _____

Father's/Carer's nationality: _____

Religion/Belief (optional)

To provide special activities related to your child's religion/belief, and to promote Core Values (find it at the end of this form), it would be good to know what is/are your family's religion or belief. Please, specify it (it's optional):

Religion/Belief: _____

Main special celebrations or ceremonies related to your/your child's religion/belief:

PARENT/CARER'S CONTACT DETAILS

Name: _____

Mobile: _____

Phone: _____

Email: _____

EMERGENCY DETAILS/NEXT OF KIN

Person's name to be notified in case of emergency:

Relation to Child: _____

Mobile/Phone: _____

Email: _____

Address: _____

HEALTH/DISABILITY/SPECIAL NEEDS INFORMATION

If a child has any known health issue, please state it:

Does your child have any known allergies or major dislikes (if yes, please, specify)? YES / NO

Do you have a social worker (please, circle an answer): YES / NO

If answer is Yes, please write a name of your Social Worker and County of Social Services:

Photography/Video Consent

Our school would like to celebrate your child's work and achievements. As a result, images of your child and his/her work may appear on our website, social sites page or printed materials.

Nene Art School C.I.C. will ensure that any photographs/videos used by the school will only be done so with explicit consent from the parent/carer of the child, or any adult included in the photograph/video. It is assumed by the school that this consent will only cover the image of the individual and does not include the publication of names, and any special category data such as gender and date of birth. The school will obtain further consent to use names, and special category data.

This will include photographs/videos;

- used in school's publications such as newsletters, prospectus;
- used on the school's website;
- used on school's social media such as Facebook, X/Twitter, LinkedIn;
- on school's premises;
- external venues, exhibitions;
- please be aware, that we can not ensure photographs or videos wouldn't be taken by others on public events where we would have our workshops or exhibitions.

Please, read our Data Protection Policy on our website <https://neneartschool.wixsite.com/neneartschool>

Do you give consent to publish your child's images/videos and his/her artworks (please, circle)?

YES / NO

Do you give consent to publish your child's artworks only (please, circle)?

YES / NO

Do you give consent to publish your child's images/videos and his/her artworks on exhibition or competition?

YES / NO

Other: _____

For children allowed to travel alone:

I give consent for my child to travel to Nene Art School C.I.C. on his own, alone: YES / NO

DECLARATION

I confirm that the information provided above is correct to the best of my knowledge.

Applicant's Signature: _____

Full Name: _____

Relation to child:

Date: ___/___/_____

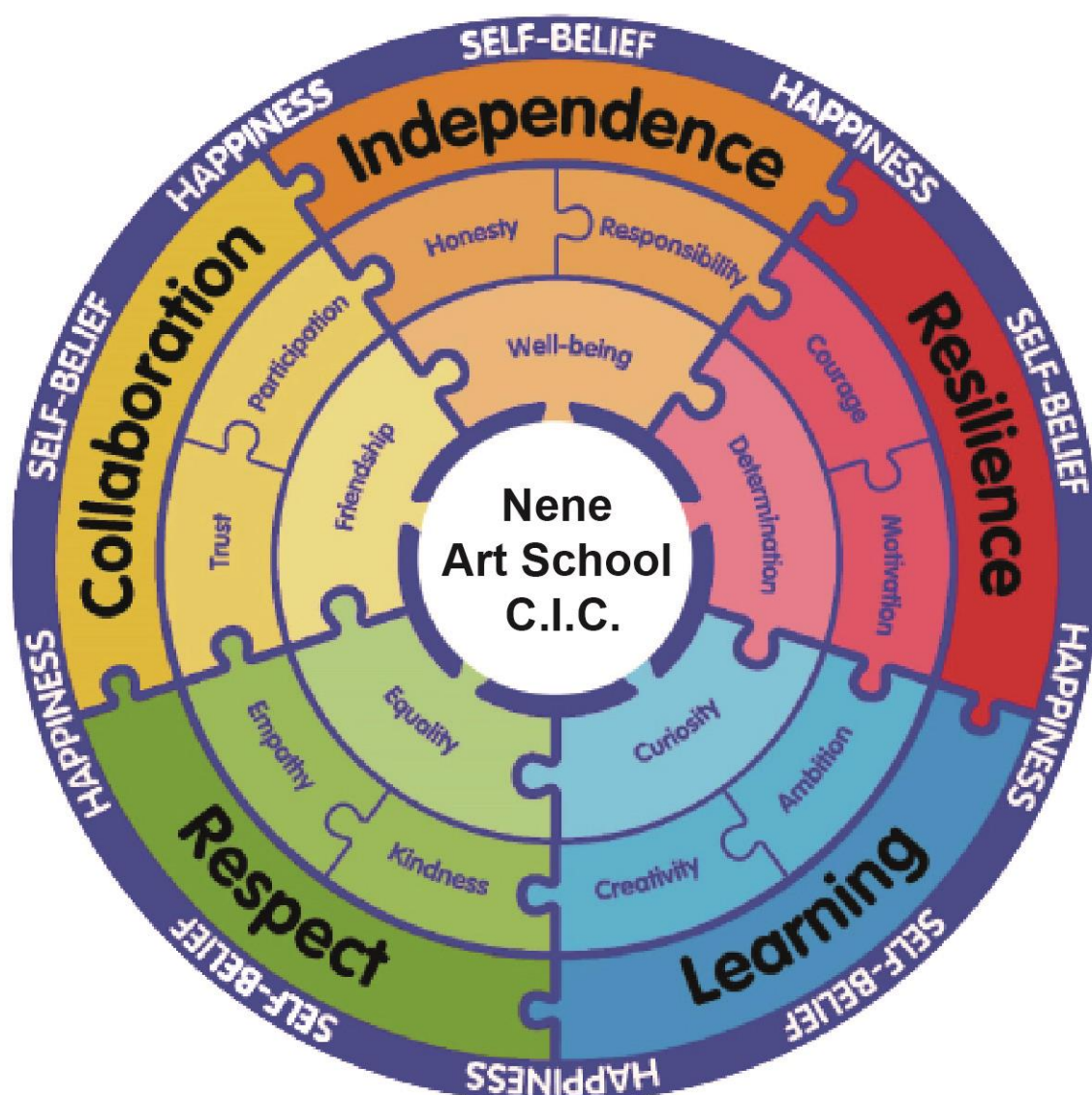
How did you hear about us?

Thank you for your answers!

All information will be kept confidential in line with our **Confidentiality GDPR and Information Sharing Policy**

(You can read our policies on our website <https://www.neneartschool.co.uk/>).

We promote Core Values at our centre and outside it!



For office use only:

Registration and Consent Form received by Nene Art School C.I.C. senior staff member:

Full Name: _____

Occupation: _____

Signature: _____

Date: ___/___/___

Comments: _____