

Art Workshops for Kids Summer 2017



THIS FORM SHOULD BE COMPLETED BY THE PARENT OR GUARDIAN OF THE CHILD BEING REGISTERED			
Name of Child		Name of parent or guardian	
Address (Child)		Address (If different from address of child)	
Date of Birth (Child)	____ / ____ / ____	Mobile Phone No (Parent/Guardian)	
Gender (Child)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Email (Parent/Guardian)	
Does your child have any medical conditions, allergies or any special needs that our teachers and staff need to be aware of?			
If so, please specify:			
Does he/she take any medication that our teachers and staff need to be aware of?			
If so, please specify:			
<p>DATA PROTECTION</p> <p>LIT fully respects your right to privacy. Any personal information you volunteer to LIT will be treated with the highest standards of security and confidentiality, strictly in accordance with the Data Protection Act, 1988 & 2003.</p> <p>DECLARATION <i>(must be signed by parent/guardian).</i></p> <p>I confirm that I am the parent/guardian of the above mentioned child and hereby declare that all of the information and details furnished above are true and correct.</p> <p>Signature: _____ Date: _____</p>			

PAYMENT

The fee can be paid using one of the following options (Please tick appropriate box):

CHEQUE/BANK DRAFT/POSTAL ORDER

LASER CARD/CREDIT CARD

FOR LASER/CREDIT CARD PAYMENTS, PLEASE CONTACT THE FLEXIBLE LEARNING OFFICE ON 061 293802 TO PAY OVER THE TELEPHONE