**CRYWS PRIMARY COOKING CLUB CONSENT/REGISTRATION FORM**

I would like my child to join the above cookery club.

**Name of child................................................................Class.......................................**

**Name of parent/guardian .............................................................................................**

**Contact telephone numbers:**

**Parent/Guardian mobile: ..........................................................Home number ............................**

**Emergency contact name:.............................................Mobile ....................................................**

**Home number.............................**

**Does your child have any dietary preferences? (please circle)**

* No preferences
* Vegetarian/Vegan
* Medical preference: diabetic/lactose intolerant/ gluten intolerant
* Religious preference: Muslim/Kosher/Hindu

Other: please specify

 **Medical information:**

• Does your child have any allergies? Yes or No

If 'Yes', please give details:

• Does your child have any medical issues/use any medication? Yes or No

If ' Yes', please give details:

I do/do not give my consent for the class leader to take photographs of my child participating in the cooking session. The photographs will be used within the school or/and on the school website.

**Signature of Parent/Guardian**

Sign..................................................................................................Date.............................................

Please return this consent form with the fee £24 for 6 sessions) by **Monday 15th September** to your class teacher. Please make cheques made payable to Crwys Primary ASC.

If your child cannot attend any club sessions for whatever reason, we would be grateful if you could let us know in advance. Contact: **ASC on 07812631853**