

## Registration & Consent Form - under 18

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of the Event \_\_\_\_\_

Parent/Guardian(S) Name & Address:

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Contact phone number:

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Parent E-mail address – **Please write in UPPER case only**

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**Sign in for news letter and promotion:** Y / N

(We will only use parent emails for sending recipes, class reminders and Multyfarnham Cookery School updates. We will not share your email with anyone)

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### MEDICAL INFORMATION

**(The information on this form is held in the strictest confidence by our company. Our first concern is your child's safety.)**

*Please list any dietary restrictions or food allergies:*

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*Does your child have any physical, mental or emotional conditions that we should know about (ADD or ADHD, diabetes, asthma etc.) Please list any issues that may affect your child's safety or ability to participate in cooking class*

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Coole Road, Multyfarnham  
www.multyfarnhamcookeryschool.ie  
info@multyfarnhamcookeryschool.ie  
0876271164 / 044 93 71808

PTO



## Emergency Contact Information

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

**Please state if you have any objection to any photographic image of your child been used as explained on disclaimer. (10)**

Yes, I give consent for Multyfarnham Cookery School to photograph my child for school purposes and/or at school events. Y

No, I do not authorize Multyfarnham Cookery School to photograph for my child for any event N

Comments:

***I have read and fully understand the disclaimer as laid out by Multyfarnham Cookery School.***

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

All Course materials will be provided by Multyfarnham Cookery School.  
Hair must be tied back and casual clothing is suggested.

- Office Use only -

## **PAYMENT DETAILS**

Course Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Deposit paid (cash/chq./online) \_\_\_\_\_ date \_\_\_\_\_

Balance paid (cash/chq./online) \_\_\_\_\_ date \_\_\_\_\_

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