**Hygge Sessions Registration Information**

|  |  |
| --- | --- |
| Name of Child(ren) |  |
| Age of Child(ren) in years/months |  |
| Name of Parent(s) Attending |  |
| Home Town/Village  |  |
| CHILD Allergies, Dietary Requirements, Medical Needs, SEND etc. |  |
| ADULT Allergies, Dietary Requirements, Medical Needs, SEND etc. |  |
| Phone Number |  |
| Email Address |  |
| *Add to emailing list? Yes/No* |  |
| *May Free Spirits staff take identifiable photographs/videos of your child for use on company media e.g. the Facebook page, website (these will not bear the children’s name)? Yes/No* |  |
| Comments |  |

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_