



learning and achieving through art

## Parent/carer consent

Child's name (PRINTED) .....

Parent/Carer's name (PRINTED) .....

*Please tick*

I have understood the information sheet accompanying this form

I agree for my child to attend sessions with The Art Room.

I do not agree for my child to attend sessions with The Art Room

I agree for The Art Room and Place2Be to use my child's information with the name removed in its evaluation

Signed: ..... (Parent/Carer) Date: .....

Signed: .....(Art Room Manager) Date: .....

If you would like to talk about any part of this agreement, please tick this box  and we will contact you.