



Family Workshop Registration Form

Parent/guardian names: _____

Email: _____

Phone: _____

Would you like to receive follow up emails? (You can unsubscribe at any time.) Yes / No

How did you find out about 'Sparky and Shady'?

Child's details:

Name: _____ Age: _____ DOB: _____

School: _____ Year: _____

Aspirations for your child? (What are you hoping to gain from the program?)

Child's details:

Name: _____ Age: _____ DOB: _____

School: _____ Year: _____

Aspirations for your child?

Special requirements:

Does anyone in your family have any special requirements (e.g. physical access, allergies, intolerances, additional needs or other concerns)?

Parent/guardian relationship and living arrangement: (married, single, separated, shared care, etc.)

Parental/guardian occupations (and what are you passionate about in life if it isn't your current occupation?)

Medical history for family members, including medication (if relevant):

What is currently working really well for your family?

Promotional permission:

Do you give permission for approved photos of family members to be posted on Social media (e.g. FB, Twitter, Instagram)?

Yes / No

Website (sparkyandshady.com)?

Yes / No

Parent/guardian

signature: _____ Date: _____

NB If filled out online a typed signature is acceptable.