



THE  
SPOTTED TREEHOUSE  
ART STUDIO

CHILDREN'S HOLIDAY CLUB  
BOOKING FORM

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female:

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any special dietary requirements: \_\_\_\_\_

\_\_\_\_\_

Any medical conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact number: \_\_\_\_\_

I wish to book my child into the holiday club on the following dates:

\_\_\_\_\_

Please contact the studio to arrange payment.  
Your child's place will be confirmed upon full payment.

For Office Use Only:

Amount Paid (for office use): \_\_\_\_\_ Total Number of sessions: \_\_\_\_\_