Young & Talented
Phone 020 8556 5348 ~ Mobile 07973 440 775
E-mail ~ yandt@ymail.com

REGISTRATION/CONSENT FORM

CHILD NAME	**PARENT NAME**
AGE | **DATE OF BIRTH** | **MALE** | **FEMALE** | **Child mobile**	**ADDRESS** **POST CODE**
CHILD EMAIL	**PARENT EMAIL**
ETHNICITY Asian British Bangladeshi [ ] Chinese [ ] Indian [ ] Other_____ Black British African [ ] Caribbean [ ] Other _____ White British [ ] Other _____ Mixed Race _____ Other _____	**MOBILE NUMBER** **HOME PHONE NUMBER** **EMERGENCY CONTACT NAME** **EMERGENCY CONTACT NUMBER**
MEDICAL DETAILS, ALLERGIES & MEDICATION	I give consent to the administering of any necessary medical attention Y [ ] N [ ] I give permission for my child to be photographed/ filmed for general publicity Y [ ] N [ ] I give permission for my child to go home alone Y [ ] N [ ]
PRESENT SCHOOL	

Signature..... Date.....

Relationship to child .....

Thank you for your time in filling out this form. All information is treated as confidential