

## REGISTRATION/CONSENT FORM

<b>CHILD NAME</b>		<b>PARENT NAME</b>	
<b>AGE</b>		<b>ADDRESS</b>	
<b>DATE OF BIRTH</b>			
<b>MALE / FEMALE</b>			
<b>Child Mobile</b>		<b>POSTCODE</b>	
<b>CHILD EMAIL</b>		<b>PARENT EMAIL</b>	
<b>ETHNICITY</b> Asian British Bangladeshi [ ] Chinese [ ] Indian [ ] Other _____  Black British African [ ] Caribbean [ ] Other _____  White British [ ] Other _____  Mixed Race _____  Other _____		<b>MOBILE NUMBER</b>	
		<b>HOME PHONE NUMBER</b>	
		<b>EMERGENCY CONTACT</b>	
		<b>NAME</b>	<b>NUMBER</b>
<b>MEDICAL DETAILS, ALLERGIES &amp; MEDICATION</b>		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 [ ]	
<b>DO YOU CONSIDER YOUR CHILD TO HAVE A DISABILITY?</b>			
<b>PRESENT SCHOOL</b>			

### REGISTRATION FEE

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

Relationship to child .....