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CONFIDENTIAL - REGISTRATION FORM

Please complete this form in CAPITAL letters and return it to the AYCC office as soon as possible with a recent photograph

First Name _____ Middle Name _____ Family Name _____

Nickname/Known as _____ Date of Birth _____ (Age) _____ Boy Girl

Family's Religion _____ Ethnicity _____ Languages used _____

Please choose from the options at the back of this page

Name of Parents/Guardians _____ Relationship _____

Please specify the relation to the child

Full Address _____

Home Number _____ Work Number _____

Mobile Number _____ Other _____

Please indicate whose work, mobile and/or other number you are giving

School attended _____

• I agree that my child may come to the Attlee Youth & Community Centre and go home on his/her own Yes No

If No, who should your child come with and/or leave with? _____

Please note that the staff of AYCC will not pick up/accompany your child home unless he or she has special needs

Social Worker (if any) _____ Social Services _____

Does your child have a carer? Yes No If Yes Name _____

Name and Address of care service provider _____

Any other notes to help our staff to care for your child on site? _____

Telephone Number of care service provider _____

Consent for Emergency Treatment

• If any emergency treatment is required, I would like my child to be treated by a qualified First Aider? Yes No

GP/Doctor's Name _____ Tel. no _____

Full Address _____

Medication _____ Allergies _____

Diet requirements _____ Special Needs _____

Signature _____ (Parent/Guardian) _____ Date _____

I give permission for my child's photos to be used for publicity Yes No

Ethnic Groups

White

ASIAN or ASIAN BRITISH

Indian

Pakistani

Bangladeshi

Chinese

Other Asian background

BLACK or BLACK BRITISH

Caribbean

African

Somali

Caribbean and African

Other Black background

Arab

MIXED

White and Indian

White and Pakistani

White and Bangladeshi

White and Chinese

White and other Asian background

White and Caribbean

White and African

White and other Black background

Other Mixed background, please specify

Religions

Buddhist

Christian

Baptist

Christian Orthodox

Christian Scientist

Church of England

Jehovah's Witnesses

Protestant

Roman Catholic

Other Christian faith, please specify

Hindu

Jewish

Islam

Sikh

No religion practiced

Other, please specify

For staff use only

Received and checked by _____ on _____

Have ALL the questions been answered? Yes No

Do guardians need to be contacted? Yes No