

## WEST BANN DEVELOPMENT



## **Youth Enrolment Form 2020**

Please complete all sections using BLOCK Capitals.

## Your Information:

West Bann Development collects personal information when you register for a place on our courses and activities. All information is treated as strictly confidential. You may refrain from answering any questions you do not wish to. From time to time we use the data collected to improve our services. For more details on how we use your information please see our privacy policy.

	CHILD 1 - DETAILS	<b>经</b> 文章 专员员会 (基本)
Forenames:	Surname:	Gender: Malc Female
Address:  Postcode:  Date of Birth:	PERCEIVED RELIGIOUS AFFII   Protestant	
Does your child have any dictary require	rements?	
Does your child have any Allergies or M  Are you happy for your child to be given what do you prefer your child to have at	n a snack whilst in our care? If not, Yes No	
Does your child have any Special Needs  In the event of an accident would you be	s? (Please Specify) te happy to allow trained staff to administer first aid?	□ Yes □ No
GP Name	GP Phone Number	
GP Name  Forenames:	GP Phone Number  CHILD 2 - DETAILS  Surname:	Gender:   Male   Female
	CHILD 2 - DETAILS  Surname:  PERCEIVED RELIGIOUS AFFIL  Protestant No Religion	LIATION ETHNIC ORIGIN White Traveller
Forenames:  Address:  Postcode:	CHILD 2 - DETAILS  Surname:  PERCEIVED RELIGIOUS AFFIL	JATION ETHNIC ORIGIN
Forenames:  Address:  Postcode:  Date of Birth:	CHILD 2 - DETAILS  Surname:  PERCEIVED RELIGIOUS AFFIL  Protestant No Religion  Catholic Buddhist  Muslim Hindu  Sikh Jewish Baha'i Jain Christian Other:	IATION   ETHNIC ORIGIN   White   Traveller   Chinese   Black/African Caribbean   Indian   Mixed Ethnic Group
Forenames:  Address:  Postcode:	CHILD 2 - DETAILS  Surname:  PERCEIVED RELIGIOUS AFFIL Protestant No Religion Catholic Buddhist Muslim Hindu Sikh Jewish Baha'i Jain Christian Other:  ements?  edical Problems? (Please Specify)	IATION   ETHNIC ORIGIN   White   Traveller   Chinese   Black/African Caribbear   Indian   Mixed Ethnic Group   Pakistani   Other:
Forenames:  Address:  Postcode:  Date of Birth:  Does your child have any dietary require  Does your child have any Allergies or Me  Are you happy for your child to be given  If not what do you prefer your child to ha  Does your child have any Special Needs?	CHILD 2 - DETAILS  Surname:  PERCEIVED RELIGIOUS AFFIL  Protestant No Religion Catholic Buddhist Muslim Hindu Sikh Jewish Baha'i Jain Christian Other:  ements?  edical Problems? (Please Specify)  a snack whilst in our care? lave at break time? Yes No	White
Forenames:  Address:  Postcode:  Date of Birth:  Does your child have any dietary require  Does your child have any Allergies or Me  Are you happy for your child to be given  If not what do you prefer your child to ha  Does your child have any Special Needs?	CHILD 2 - DETAILS  Surname:  PERCEIVED RELIGIOUS AFFIL  Protestant No Religion Catholic Buddhist Muslim Hindu Sikh Jewish Baha'i Jain Christian Other:  ements?  edical Problems? (Please Specify) a a snack whilst in our care? ave at break time?	IATION   ETHNIC ORIGIN   White   Traveller   Chinese   Black/African Caribbean   Indian   Mixed Ethnic Group   Pakistani   Other:

			PARENT/GU	ARDIAN DE	TAILS		
Title:	For	enames:			Surname:		200
Date of Birth:			Gender:   Male	Female Rela	ationship to Child: _		
Age:	□ 16-20	□ 21-30	□31-40	□ 41-50	□ 51-60	□ 61-6:	5 🗆 66+
Address:				Telephone	Numbers: Home:	a religion de la de-	respondences
					Mobile:		ing the military
Postcode:	alum IV				E-mail Address:		SHOULD HERE
Employment Stati	☐ Emplo	yed—Small Com yed—Large Com ime Education	pany (Less than 250 Emplo pany (More than 250 Emplo	yees) byees)	Preferred Lar English Other (Ple		
End of session guardians are Please tick as Walk home	e responsib s appropria	le for the safe ite:	g people will not be p return home of their c	hild at the clos	ve the session unt se of the session.		te. All parents/
walk nome o	only			Pick up only			Dotti 🗆
DISABILITY Do you consider yourself to be Disabled?  Yes No	Common Member Catholic	ROUND or of Protestant	MARITAL STATUS  ☐ Single ☐ Married/Co-habiting ☐ Separated/Divorced ☐ Widowed	ETHNIC O  White Chinese Indian Pakistani	☐ Traveller ☐ Black/African C ☐ Mixed Ethnic G	aribbean C	PENDANTS umber of ependant hildren: umber of ependant dults:
			OTHER PARENT	(GUARDIA)	DETAILS		
				NAME OF TAXABLE PARTY.		Control of the last	
			Gender:				
Age:	16-20	□ 21-30	□ 31-40	41-50	□ 51-60	0 61-6.	5 🗆 66+
Address:	dress: Telephone Numbers: Home:						
Pastandar					Mobile:		
Postcode:					E-mail Address:		
Employment Stat	□ Emplo	yed—Small Com yed—Large Com ime Education	pany (Less than 250 Emplo pany (More than 250 Emplo	yees) byees)			Preferred Languag  English Other (Please Speci
	esponsible ppropriate	for the safe re	people will not be pen turn home of their chi Pic			it is complete.	. All parents/
DISABILITY	COMMU	INITY	MARITAL STATUS	ETHNIC O	RIGIN	DE	PENDANTS
Do you consider yourself to be Disabled?	Comm	er of Protestant	☐ Single ☐ Married/Co-habiting ☐ Separated/Divorced ☐ Widowed	☐ White ☐ Chinese ☐ Indian ☐ Pakistani ☐ Asian	☐ Traveller ☐ Black/African C ☐ Mixed Ethnic G ☐ Other:	aribbean C	umber of ependant hildren: umber of ependant dults:
	SE PHOTO		TENT: From time to time omotional purposes. Please	□ West Bann I	Development may wis m if you give permiss	h to use photogra ion for these to b	phs or Printed Mate
		OW DID Y	OU HEAR ABOU	T WEST BA	NN DEVELO	PMENT ?	
Coleraine Chro		The Leader	Coleraine Times	☐ Leaflets/Poste			Word of Mouth
Used us Before	0	Referral (Please S	specify):		_ Other (Please Sp	ecify):	
				F	or Office Use O		ount Paid:
Parent/Guardian	Signature:	-		L			pt No.
Date:				1	Received B	y:	Place Secured: