



# WEST BANN DEVELOPMENT

## Youth Enrolment Form 2022



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

Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_ Gender :  Male  Female

Address:		<b>PERCEIVED RELIGIOUS AFFILIATION</b> <input type="checkbox"/> Protestant <input type="checkbox"/> No Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Buddhist <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Jewish <input type="checkbox"/> Baha'i <input type="checkbox"/> Jain <input type="checkbox"/> Christian <input type="checkbox"/> Other: _____	<b>ETHNIC ORIGIN</b> <input type="checkbox"/> White <input type="checkbox"/> Traveller <input type="checkbox"/> Chinese <input type="checkbox"/> Black/African Caribbean <input type="checkbox"/> Indian <input type="checkbox"/> Mixed Ethnic Group <input type="checkbox"/> Pakistani <input type="checkbox"/> Other: <input type="checkbox"/> Asian _____
	Postcode:		
Date of Birth:			

Does your child have any dietary requirements? \_\_\_\_\_

Does your child have any Allergies or Medical Problems? (Please Specify) \_\_\_\_\_

Are you happy for your child to be given a snack whilst in our care? If not, what do you prefer your child to have at break time?  Yes  No

Does your child have any Special Needs? (Please Specify) \_\_\_\_\_

In the event of an accident would you be happy to allow trained staff to administer first aid?  Yes  No

GP Name \_\_\_\_\_

GP Phone Number \_\_\_\_\_

### CHILD 2 - DETAILS

Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_ Gender :  Male  Female

Address:		<b>PERCEIVED RELIGIOUS AFFILIATION</b> <input type="checkbox"/> Protestant <input type="checkbox"/> No Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Buddhist <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Jewish <input type="checkbox"/> Baha'i <input type="checkbox"/> Jain <input type="checkbox"/> Christian <input type="checkbox"/> Other: _____	<b>ETHNIC</b> <input type="checkbox"/> White <input type="checkbox"/> Traveller <input type="checkbox"/> Chinese <input type="checkbox"/> Black/African Caribbean <input type="checkbox"/> Indian <input type="checkbox"/> Mixed Ethnic Group <input type="checkbox"/> Pakistani <input type="checkbox"/> Other: <input type="checkbox"/> Asian _____
	Postcode:		
Date of Birth:			

Does your child have any dietary requirements? \_\_\_\_\_

Does your child have any Allergies or Medical Problems? (Please Specify) \_\_\_\_\_

Are you happy for your child to be given a snack whilst in our care? If not what do you prefer your child to have at break time?  Yes  No

Does your child have any Special Needs? (Please Specify) \_\_\_\_\_

In the event of an accident would you be happy to allow trained staff to administer first aid?  Yes  No

GP Name \_\_\_\_\_

GP Phone Number \_\_\_\_\_

## PARENT/GUARDIAN DETAILS

Title: _____ Forenames: _____ Surname: _____				
Date of Birth: _____ Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship to Child: _____				
Age: <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-65 <input type="checkbox"/> 66+				
Address:			Telephone Numbers: Home:	
			Mobile:	
Postcode:			E-mail Address:	
<b>Employment Status</b> <input type="checkbox"/> Self Employed <input type="checkbox"/> Employed—Small Company (Less than 250 Employees) <input type="checkbox"/> Employed—Large Company (More than 250 Employees) <input type="checkbox"/> Full Time Education <input type="checkbox"/> School Leaver			<b>Preferred Language</b> <input type="checkbox"/> English <input type="checkbox"/> Other (Please Specify) _____	
<b>End of session arrangements:</b> Young people will not be permitted to leave the session until it is complete. All parents/guardians are responsible for the safe return home of their child at the close of the session. Please tick as appropriate: Walk home only <input type="checkbox"/> Pick up only <input type="checkbox"/> Both <input type="checkbox"/>				
<b>DISABILITY</b> Do you consider yourself to be Disabled ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>COMMUNITY BACKGROUND</b> <input type="checkbox"/> Member of Protestant Community <input type="checkbox"/> Member of Roman Catholic Community <input type="checkbox"/> Other: _____	<b>MARITAL STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married/Co-habiting <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed	<b>ETHNIC ORIGIN</b> <input type="checkbox"/> White <input type="checkbox"/> Traveller <input type="checkbox"/> Chinese <input type="checkbox"/> Black/African Caribbean <input type="checkbox"/> Indian <input type="checkbox"/> Mixed Ethnic Group <input type="checkbox"/> Pakistani <input type="checkbox"/> Other: _____ <input type="checkbox"/> Asian _____	<b>DEPENDANTS</b> Number of Dependant Children: _____ Number of Dependant Adults: _____

## OTHER PARENT/GUARDIAN DETAILS

Title: _____ Forenames: _____ Surname: _____				
Date of Birth: _____ Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship to Child: _____				
Age: <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-65 <input type="checkbox"/> 66+				
Address:			Telephone Numbers: Home:	
			Mobile:	
Postcode:			E-mail Address:	
<b>Employment Status</b> <input type="checkbox"/> Self Employed <input type="checkbox"/> Employed—Small Company (Less than 250 Employees) <input type="checkbox"/> Employed—Large Company (More than 250 Employees) <input type="checkbox"/> Full Time Education <input type="checkbox"/> School Leaver			<b>Preferred Language</b> <input type="checkbox"/> English <input type="checkbox"/> Other (Please Specify) _____	
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**CONSENT TO USE PHOTOGRAPHIC CONTENT:** From time to time  West Bann Development may wish to use photographs or videos taken of your child for press releases or promotional purposes. Please  tick to confirm if you give permission for these to be used  Printed Material  Social Media

## HOW DID YOU HEAR ABOUT WEST BANN DEVELOPMENT ?

<input type="checkbox"/> Coleraine Chronicle	<input type="checkbox"/> The Leader	<input type="checkbox"/> Coleraine Times	<input type="checkbox"/> Leaflets/Posters	<input type="checkbox"/> Internet	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Used us Before	<input type="checkbox"/> Referral (Please Specify): _____		<input type="checkbox"/> Other (Please Specify): _____		

<b>Parent/Guardian Signature:</b> _____  <b>Date:</b> _____
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<b>For Office Use Only</b> Date Received: _____ Amount Paid: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Receipt No. _____ Received By: _____ Place Secured: _____
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