**Child’s Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth (DD/MM/YY)** |  |
| **Address** |  |
| **Postcode** |  |
| **Medical, Disability or Additional Support Information** |  |
| **Other Information:** (If there is any other information about your child that you think we should know, please give details) |  |

**Parent/Guardian’s Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Email Address** |  |
| **Home Telephone** |  |
| **Work Telephone** |  |
| **Mobile Number** |  |
| Please tick here if you **DO** consent to your child having photos taken for publicity purposes? |  |
| **Signed** (parent/guardian) |  |
| **Date** |  |