

Name of Child: _____

Date of Birth: _____ Gender: M / F

Name of School: _____ Class at school: _____

Home Address: _____

Parent/ Guardian Details

| Parent's Name | Telephone Number | Email Address | Relation to Child |
|---------------|------------------|---------------|-------------------|
| | | | |
| | | | |

Sibling Details

| Name of Sibling | Date of Birth | Currently attending Workshop: Y/N | Currently on the Waiting List Y/N |
|-----------------|---------------|-----------------------------------|-----------------------------------|
| | | | |
| | | | |
| | | | |

Jamat you are affiliated to: _____

Doctors name, address & tel no: _____

Any relevant medical information e.g. allergies _____

Does your child receive any kind of learning support at school? Yes / No (Delete as appropriate)

If yes, please specify: _____

Date form completed: _____