** KIDS KABIN MEMBERSHIP FORM**

Contact: 0191 295 3655

**\*\*This form is to be filled out by the child’s parent or guardian.**

|  |  |
| --- | --- |
| **Name of Child [First Name/s] , [Surname]** | |
| Gender:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Male | |  | | Female | |  | | Other | | | Child’s Date of Birth [dd/mm/yyyy]: |
| Address: [House Number], [Street Name] | Postcode: |

**Emergency Contacts:**

|  |  |
| --- | --- |
| 1. **Name of Parent/ Guardian [First Name/s] , [Surname]:** | |
| Relationship to Child: | Contact Number/s |
| Email Address: | |
| 1. **Second Emergency Contact Person [First Name/s] , [Surname]:** | |
| Relationship to Child: | Contact Number/s: |

**Medical Information:**

|  |
| --- |
| Please provide details of any medical condition/s including allergies and current medication: |

**Please indicate your child’s ethnicity by ticking the appropriate box:**

|  |  |  |  |
| --- | --- | --- | --- |
| **WHITE** | | **ASIAN OR ASIAN BRITISH** | |
|  | White English |  | Indian |
|  | White Northern Irish |  | Pakistani |
|  | White Scottish |  | Bangladeshi |
|  | White Welsh |  | Chinese |
|  | White British |  | other Asian Background |
|  | White Irish | **BLACK OR BLACK BRITISH** | |
| **MIXED** | |  | Black African |
|  | White and Black Caribbean |  | Black Caribbean |
|  | White and Black African |  | other Black background |
|  | White and Asian | **OTHER** | |
|  | other mixed background |  | Arab |
|  |  |  | Traveller |
|  | |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Child’s Current School**

|  |
| --- |
|  |

**Special Needs**

Do you consider your child as having any disability?

Yes No

If yes, please specify:

|  |  |  |  |
| --- | --- | --- | --- |
|  | ADHD |  | Mental Health |
|  | Asperger’s Syndrome |  | Mobility |
|  | Autism |  | Speech |
|  | Dyslexia / Dyspraxia |  | Tourette’s Syndrome |
|  | Hearing |  | Vision |
|  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Does your child require any special assistance? If yes, please provide details below:**

|  |
| --- |
|  |

**How did your child find out about Kids Kabin?**

from a friend school session online

from a brother or sister street session other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which days would you like your child to attend sessions? Please choose two (2).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MON** | **TUE** | **WED** | **THU** | **FRI** | **other details / notes** |
|  |  |  |  |  |  |

**Privacy**

Kids Kabin may process information about your child that may be subject to data protection laws. For more information about how we use and protect your child’s personal information, please refer to our Privacy Notice at [*https://www.kidskabin.org.uk/*](https://www.kidskabin.org.uk/)

|  |
| --- |
| **I give permission for my child to attend Kids Kabin sessions.**  Signature: Date: |

\*\*\*Please do not write anything below this line.

|  |  |
| --- | --- |
|  | encoded into Upshot |

|  |
| --- |
| Received by: |
| Date: |