

BLOCK CAPITAL
BLUE/BLACK INK ONLY

The Young Muslim Academy
Registration Form

Pupil's Details:

First Name:

Male Female

Surname:

Date of Birth:/...../..... Age:

Group preference: please tick

G1 - Monday & Wednesday
5:30 pm – 7.30 pm (GROUP 1)

G2- Thursday & Saturday
5:30 pm – 7.30 pm & 10:30 am – 1:30 pm (GROUP 2)

G3 - Tuesday & Friday
5:30 pm – 7.30 pm (GROUP 3)

Parent Details:

Name of Parent:

Name:

MOTHER FATHER

Relationship:

Address:

Address:

Post code:

Post code:

Tel:

Tel:

Mobile:

Mobile:

GP Detail:

Name of GP/Surgery:

GP Tel:

Any special needs, disabilities or medical condition

(of which we need to be aware of in case of an emergency- please give detail of any medication taken by your child):

Parents/Guardian:

I have read the **TERMS and CONDITIONS** of the Madrassah. I agree to honour all the requirements of my child's study programme and the terms and conditions prepared by YMA. (I also give permission for any photograph taken of my child regarding all YMA events). **I have enclosed £5 for the Registration of my child.**

Name:

E-mail:

Signature:

Date:/...../.....

Official use only:

RECEIVED BY:

DATE:/...../.....

GROUP: LEVEL:

REG FEE:£.....

Notes/Comments: