

YMA Registration Form

Childs Details:

First Name: Ethnicity: Female
Surname: Date of Birth:/...../..... Male

Group preference: please tick the group most suited for you.

- G1 - Monday & Wednesday
5:30 – 7.30 pm (GROUP 1)
- G2- Thursday & Saturday (GROUP 2)
5:30 – 7.30 pm & 10:30 am – 12:30 pm
- G3 - Tuesday & Friday (5-10yrs)
5:30 – 7.30 pm (GROUP 3)
- G4- Sunday (5-10yrs) 11am- 2.30pm

Parent Details:

Emergency: (please ensure it is different to parent detail)

Name of Parent:

1. Name:

MOTHER FATHER

Relationship to child:

Address:

Tel/Mob:

.....

2. Name:

Post code:

Relationship to child:

Tel:

Tel/Mob:

Mobile:

Medical Condition & GP Details

Any special needs disabilities, 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) or anything else we should be aware of:

.....

GP Surgery Name:

GP Tel:

Parent's Consent

I give permission for my child to travel home alone from the Madrassah (12+):

I DO NOT give permission for my child to travel home alone from the Madrassah:

PLEASE TICK your preferences

- Eid and Ramadan Announcement
- Upcoming YMA/LIC events
- Fundraising Appeals
- Volunteer involvement

PLEASE TICK your preferred method of communication

- Email
- Text messaging

Other carers for pickup..... (Please include name and relationship).

Parent/Guardian:

I have read the **TERMS and CONDITIONS** of the Madrasah. 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.**

Parent Name:

E-mail:

Signature:

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

Official use only:

RECEIVED BY:

G: L:

REG FEE: £.....

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

Note: We take safeguarding personal data seriously and for more information refer to our privacy policy. Our privacy policy can be found on our website at www.ymauk.com.