

Homework Club Registration Form



**BANGLADESHI
ISLAMIC CENTRE**

10-11 Lewisham Road
Smethwick
West Midlands
B66 2BP

By filling in this form you are giving your consent for your child to participate in the Homework Club at Bangladeshi Islamic Centre commencing January 2009. You also consent to this information being collected, processed and held on a secure database to be used by Bangladeshi Islamic Centre for the purpose of maintaining and improving the level of services offered to you.

1. Child's details				
First name				
Surname				
Date of birth				
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Name of child's school				
Does your child suffer from a medical condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please give details:				
Does your child have any learning difficulties?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please give details:				

2. Parent's details	
First name	
Surname	
Address	
Home phone number	
Mobile number	
Relationship to child	

3. Ethnic origin (optional)		
White British	Bangladeshi	<input type="checkbox"/>
White Other	Indian	<input type="checkbox"/>
Mixed background	Pakistani	<input type="checkbox"/>
Black Caribbean	Other Asian	<input type="checkbox"/>
Black African	Chinese	<input type="checkbox"/>
Yemeni	Other	<input type="checkbox"/>

4. Photographs		
Do you give consent for your child's photo to be taken for service promotion and related purposes?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>

5. Requirements									
What stage is your child at?	Year 6	<input type="checkbox"/>	Year 9	<input type="checkbox"/>	Which days of the week would your child be able to attend the homework club?	Mondays	<input type="checkbox"/>	Thursdays	<input type="checkbox"/>
	Year 7	<input type="checkbox"/>	Year 10	<input type="checkbox"/>		Tuesdays	<input type="checkbox"/>	Fridays	<input type="checkbox"/>
	Year 8	<input type="checkbox"/>	Year 11	<input type="checkbox"/>		Wednesdays	<input type="checkbox"/>		<input type="checkbox"/>

6. Emergency contact	
Name	
Relationship to child	
Address	
Telephone	
Mobile	

7. Doctor's name	
Address	
Telephone	

8. Any other information

9. Declaration - In signing this form you give your consent to the young person named being involved in the Homework Club outlined above.

Signature	
Print	
Date	

<i>For office use only:</i>	
<i>Staff signature</i>	
<i>Print</i>	
<i>Date</i>	