

**FIRST REGISTRATION COURSE FORM**

**BASIC INFORMATION**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to Child** |  |
| **Address (including Postcode)** |  |
| **Telephone Numbers** |  |
| **Email Address** |  |
| **Preferred method of contact** |  |
| **Language(s) spoken by the family** |  |
| **How did you hear about the course?** |  |

**ABOUT THE CHILD/YOUNG PERSON:**

|  |  |
| --- | --- |
| **Child/Young Person’s name** |  |
| **Known as** |  |
| **Gender** |  |
| **D.O.B** |  |
| **School** |  |
| **Please tell us your child or young person’s diagnosis or describe their disability** | |
| **Any preference to daytime or evening course?**  **Afternoon or evening** | |
| **Course attending** | |