



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