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| **CYP Groups Registration Form** *(“teenagers” groups)* | | |
| Young Person’s name |  | Group (please circle):   * Ignite (Y8-Y11) * YBS (Thursday evenings for teens) |
| Date of birth School Year group  (as of Sept 2021) |
| Address (incl. postcode) | | |
| Parent telephone number(s) |  | Parent Email address(es) |
| If you are happy for youth leader to contact your child directly by e mail or mobile phone then please provide your child’s contact details below (this is not compulsory and will only be used for church-related communications):  Child’s mobile number  Child’s e mail | | |
| Please give brief details of any allergies or medical condition(s) we need to be aware of | | |
| Please give details of how we can seek to support your child with any additional needs (e.g. specific learning or behavioural needs). Please attach extra documents if necessary. | | |
| Are you happy for this child to be given snacks / drinks in the group? | | |
| What are your child’s particular interests/hobbies/things they like doing? | | |
| Is there anything your child generally finds difficult / would value help with? | | |
| Additional information (anything else you think that the group leaders might need to know)? | | |
| Name of parent / adult with parental responsibility | | |
| Signature |  | Date |