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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)
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| 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 numberChild’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 |