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**NGYT enrolment form**

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| --- | --- |
| Child’s full name: |  |
| Male/Female: | Date of birth: |
| Class(es) your child attends: |  |
| Home address: |  |

Please fill in the parent/guardians information below.

|  |  |
| --- | --- |
| Full name: |  |
| Relation to child: |  |
| Home number: |  |
| Mobile number: |  |
| Email address: |  |

In an emergency we will always try and contact the Parent/Guardian first. In case this is not possible, please provide a different emergency contact.

|  |  |
| --- | --- |
| Emergency contact name: |  |
| Relation to child: |  |
| Mobile number: |  |

Does your child have any medical conditions we should be aware of (i.e. ongoing injuries, illnesses or allergies etc.):

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|  |

I do/ do not give permission for photographs/ videos to be taken of my child and put on social media or the NGYT website.

Date:……………………………………………………………………

Signed:…………………………………………………………………