**Community Foundation Weekend JMIC Summer Holiday Participant Registration Form**

**1.45pm – 4pm. Saturday for Girls and Sunday for Boys at JMIC, Small Heath**

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| First name |  |
| Last name |  |
| Date of birth (DD/MM/YYYY) |  | Age |  |  |
| Gender | Male |  | Female |  | Other |  | Prefer not to say |  |
| Ethnicity | Prefer not to say |  | Mixed / multiple ethnic groups - White and Black African |  |
|  | Asian / Asian British - Indian |  | Mixed / multiple ethnic groups - White and Black Caribbean |  |
|  | Asian / Asian British - Pakistani |  | Mixed / multiple ethnic groups – Other |  |
|  | Asian / Asian British - Chinese |  | Whit – Welsh / English/ Scottish / Northern Irish / British |  |
|  | Asian / Asian British - Bangladeshi |  | White - Irish |  |
|  | Asian / Asian British - Other |  | White - Gypsy, Roma or Irish Traveller |  |
|  | Black / African / Caribbean / Black British - African |  | White - Eastern European |  |
|  | Black / African / Caribbean / Black British - Caribbean |  | White - Other |  |
|  | Black / African / Caribbean / Black British - Other |  | Other ethnic group - Arab |  |
|  | Mixed / multiple ethnic groups - White and Asian |  | Other ethnic group |  |
| Home Postcode |  |
| Eligible for Free School Meals? | Yes  |   |  | No  |  |  |
| School name |  |
| Does the young person have a disability/SEN? (Yes/No) |  |
| If yes, provide more information  |  |
| Food allergies and dietary requirements |  |
| Parent / guardian name |  |
| Parent / guardian email address |  |
| Parent / guardian contact phone number | Contact number | Emergency number |

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| --- |
| Full Home address:  |
| Does your child attend our Darul Uloom  Raheem Academy  Weekend school  |
| Medical condition/Regular medications: |
| I will ensure my child regularly takes part in the activities and is suitably dressed and well behaved. I will pick up my child after the programme ends at 4pm each day. I give consent for my child to: 1. Take part indoor activities, outdoor activities and day trips;
2. Have medical treatment by qualified professionals in case of an emergency;
3. Have photo/video taken to go on reports and community Foundation website/Social Media

Signed: Parent/guardian Date: |