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**Registration Form**

|  |  |
| --- | --- |
| Name of Parent/Carer | Contact Number |
| Address  | Postcode |
| Email Address |
| Alternative contact (For emergency purposes only) |
| I give permission for photographs of my child/ren to be taken during sessions and for them to be used only in promoting SPACE  | Yes No |
| Parent/Carer Signature  | Date  |
| Signed |  | Date  |  |

|  |
| --- |
| CHILD 1 |
| Name  | Known as  |
| Date of Birth | Male/Female/Other | Religion | First Language |
| Additional Needs/Medical Conditions (including allergies) |
| CHILD 2 |
| Name | Known as  |
| Date of Birth  | Male/Female/Other | Religion | First Language  |
| Additional Needs/Medical Conditions (including allergies) |

|  |
| --- |
| CHILD 3 |
| Name  | Known as  |
| Date of Birth | Male/Female/Other | Religion | First Language |
| Additional Needs/Medical Conditions (including allergies) |
| CHILD 4 |
| Name  | Known as  |
| Date of Birth  | Male/Female/Other | Religion | First Language  |
| Additional Needs/Medical Conditions (including allergies) |

**Our GDPR Principles:**

we will only process personal data for specified and lawful purposes

we will endeavour to hold relevant and accurate personal data, and where practical, we will keep it up to date

we will not keep personal data for longer than is necessary

we will keep all personal data secure

We would like your permission to contact you in the future regarding other events that may interest you. Please tick to give us permission to contact you in the following ways

Telephone Call SMS Email Letter