SHEFA TUITION CENTRE REGISTRATION FORM

Date Completed: .................................................. Std:……….........................

## Personal Details:

|  |  |  |  |
| --- | --- | --- | --- |
| Child's Name |  | Date ofBirth |  |
| Child's Surname |  | Male/Female |  |
| Mother’s Name |  | Mobile Number |  |
| Father’s Name |  | Mobile Number |  |
| Email Address |  |
| Home AddressPostal Address |  |
| Home TelephoneNumber |  |  |
|  |
| Child's Religion |  |

**Parent Work Details:**

|  |  |
| --- | --- |
| Mothers Work address | Phone Number |
|  |  |
| Fathers Work address | Phone Number |
|  |  |
|  |  |
|  |  |
|  |  |
| One other Emergency contact name & address | Phone Number |
|  |  |
| **Permissions** | Yes | No |
| **Consent for taking your child’s photo**We hereby give permission for Shefa Tuition Centre to take photos of our child to use within the Centre for displays, artwork etc… |  |  |
| Consent for Your Child’s Photo to be used in AdvertisingWe hereby give permission for our child’s photo to be used in advertising such as Shefa Tuition Centre’s Website, local newspapers etc. |  |  |

Child’s Name:…………………………….................. Date:………………………….......

Parents Name (Print):………………………….............. Signature:…………………………...