



# the book project

## Registration Form

Childs Name:		School:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	
Parent/Carer/Guardian name:			
Address:			
Town:		Post code:	
Day time Telephone:		Evening Telephone:	
Mobile:		email:	
Emergency Contact name and relationship:			
Telephone:		(this will be used if you are not available with the details above)	
Does your child have any allergies we need to know about?			
Does your chld have any special requirements to enable them to take part in the project?			
<b>Interests</b>	<b>Ethnic origin (optional)</b>		
Art <input type="checkbox"/>	Asian or Asian British - Bangladeshi <input type="checkbox"/>		
Story telling <input type="checkbox"/>	Asian or Asian British - Indian <input type="checkbox"/>		
Drama <input type="checkbox"/>	Asian or Asian British - Pakistani <input type="checkbox"/>		
Dance <input type="checkbox"/>	Asian or Asian British - any other Asian background <input type="checkbox"/>		
Music <input type="checkbox"/>	Black or Black British - Caribbean <input type="checkbox"/>		
	Black or Black British - African <input type="checkbox"/>		
	Black or Black British - any other Black background <input type="checkbox"/>		
	Chinese <input type="checkbox"/>		
	Mixed - White and Black Caribbean <input type="checkbox"/>		
	Mixed - White and Asian <input type="checkbox"/>		
	Mixed - any other mixed background <input type="checkbox"/>		
	White - British <input type="checkbox"/>		
	White - Irish <input type="checkbox"/>		
	White - any other white background <input type="checkbox"/>		

**Course:** 10-13 April 2006  18-21 April 2006

How did you hear about the the book project?	
Do you mind us using photographs of your child on the project, for marketing purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like to be kept informed about the book project's future activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>