

# Madrassa - E- Haideria Sheffield

Please complete and sign the registration form.

Child's Name:		Date of Birth:	
Parents / Carers Name:			
Address:			
Postcode:			
Contact Number:		Mobile:	
Email:			
Child's School:		Year Group:	
<b>Medical Information (please let us know if your child has any medical needs):</b>			
<b>Learning Needs (please let us know if your child has any learning needs):</b>			

## EMERGENCY CONTACTS

Name:		Name:	
Relationship to Child:		Relationship to Child:	
Contact Number:		Contact Number:	

## SIGNED

Parent 1:		Parent 2:	
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