



KCS REGISTRATION FORM



Child's name: _____ Gender: _____

Child's age: _____ Date of Birth: _____

ETHNICITY (please circle or underline): Black (African); Black (Caribbean); Black (Somali); Black (other); Asian (Indian); Asian (Pakistani); Asian (Bangladeshi); Asian (Sri Lankan); Chinese; Japanese; Asian (other); White and Black (African); White and Black (Caribbean); White and Asian; Mixed Background (other); White (British); White (Irish); White (Polish); White (other); Iranian; Iraqi; Kurdish; Middle Eastern (other)

OTHER ETHNIC GROUP (please specify): _____

Does your child speak English as their first language? Yes/No

Name of parent/carer: _____

Home address: _____

Postcode: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Emergency phone: _____

Email address: _____

ALLERGIES to any food substances, e.g.: nuts, cheese, milk, flour etc.: _____

Dietary requirements (e.g. Vegetarian/Halal): _____

Special needs/behavioural difficulties: _____

Signature of parent/guardian/carer: _____ Date: _____

Registration forms must be completed and signed before a child can attend classes. We also require an annual £2.00 membership fee with every registration form.

How would you like to receive KCS information?

(PLEASE CIRCLE) Email / Post / No information please

Cookery sessions may be photographed or recorded. If you do NOT give permission for photos or recordings of your child to be published, please tick this box.