

APPLICATION & REGISTRATION FORM

Date received
- office use only

Affix photo
of your child
here



TO BE COMPLETED AND SIGNED BY PARENT OR CARER. PLEASE COMPLETE ALL SECTIONS USING BLOCK CAPITALS. ALL DETAILS WILL BE TREATED AS STRICTLY CONFIDENTIAL.

Please tick the project you are interested in your child attending:

Children's Theatre (7-10 years)
Monday 5pm-6.30pm

Youth Theatre (11-16 years)
Monday 7pm – 8.30pm

Shed Band (7-17 years)
Tuesday 4.30pm – 5.30pm & 5.30 – 7pm

Shed Moves 1 (7-10 years)
Wednesday 4.30pm – 5.30pm

Big Noise (7-15 years)
Thursday, 4.30pm – 5.30pm

Shed Moves 2 (11-16 years)
Wednesday 5.30pm – 6.30pm

Older Theatre Group (14-19 years)
Wednesday, 6.30pm-8pm

Children's & Youth Theatre takes place at Haringey 6th Form Centre, White Hart Lane, N17 8HR
All other activities take place at the Irish Centre, Pretoria Road, N17 8DX

Your child

FIRST NAME:

FAMILY NAME:

DATE OF BIRTH:.....

GENDER : Male / Female

School attended:.....

Does your child need any additional support?

Learning disability – please specify.....

Physical disability – please specify.....

Any other physical or emotional support needs – please specify.....

You

YOUR NAME: RELATIONSHIP TO CHILD:.....

ADDRESS:

.....POSTCODE:

TEL. NO (home) TEL. NO (work)

TEL. NO (mobile) EMAIL :.....

Please state why you feel your child would benefit from joining our inclusive theatre company:

.....
.....
.....

Is there any other information which you feel would be useful for us to know?

.....
.....

How did you hear about Haringey Shed?

How would you describe the ethnicity of your child? Please tick one of the boxes below.

A White

- British
- Irish
- Other White background:
.....

B Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed background:
.....

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other Asian background:
.....

D Black or Black British

- Caribbean
- African
- Other Black background:
.....

E Chinese or other ethnic group

- Chinese
- Other:.....

Emergency Contact Person (in case we cannot get in touch with you in an emergency)

NAME:..... **RELATIONSHIP:(Grandparent/Friend, etc)**.....

TEL NO:..... **MOBILE:**.....

MEDICAL HISTORY

Does your child suffer from any serious health condition? e.g. heart condition, severe asthma, diabetes, epilepsy or any severe allergies

YES

NO

If 'yes', please provide details:

Does your child have any learning support needs?

YES

NO

If 'yes', please provide details:

Photos

Haringey shed needs to take photographs and film workshops and performances as it is very important for promoting and raising funds for Haringey Shed's work.

Please answer questions below and talk to us if you have any concerns or questions.

May we use your child's image in our printed promotional or publicity material?

YES

NO

May we use your child's image on our website?

YES

NO

Often our funders ask for photos that represent Haringey Shed's work.

May we pass on photographs or films that your child may be in for them to use?

YES

NO

Is there anything else you would like to tell us?

.....

Personal circumstances

Are there any personal circumstances of which we should be aware?

in care / looked after

refugee / asylum seeker

statement of special needs

other, please describe.....

Please give details:

PAYMENT

Please make payment to reserve your place. The cost of every term is £50. Haringey Shed is an inclusive theatre company, please speak to us if you having difficulties making payments.

Cheques should be made payable to "HARINGEY SHED" and send to the address below or you can deliver it personally. If you would prefer to pay directly into our account please contact Ashling for details.

CONCESSIONS

A concessionary rate of £25 is available. Our criteria for the concessionary rate at Haringey Shed are if parents/carers are currently receiving:

Job Seekers Allowance (JSA), Income Support (IS) or if you are a full-time student.

Please note that child tax credits, working tax credits or disability allowance are not included. You will be asked to provide proof of your entitlement.

BURSARY PLACES

If you have difficulty making payments please speak to us. We have free places available through our bursary scheme

MEDICAL CONSENT

In the event of an accident/incident, I consent to emergency treatment being carried out on my child:

YES

NO

Additional Information

In order to help us secure further funding please can you let us know if your child receives free school meals YES NO

Do you give permission for your young person to travel alone to and from Haringey Shed YES NO

Do you give permission for your young person to leave the premises during breaks YES NO

I have read and agree to the above and give permission for my child to attend Haringey Shed

SIGNATURE..... DATE

Your name..... Relationship to child.....

Data Protection

Haringey Shed is committed to protecting the privacy and confidentiality of its members. We treat all personal details in strict compliance with the Data Protection Act and only collect information in order to provide and monitor our services. Please sign below to show your consent to this.

SIGNATURE..... DATE

PLEASE RETURN TO

Haringey Shed (Membership)
The Irish Centre, Pretoria Road, Tottenham, London N17 8DX
Tel: 020 8801 7209 / 07850 617 169
e-mail: info@haringeyshed.org