

## **NEW FAMILY REGISTRATION AND MEMBERSHIP**



NAME OF	Name(s)	Date .	
PARENT/CARERS	Address		•••••
	•••••		
	•••••		•••••
	•••••	Postcode	
	Telephone: H	lome Mobile	
	E-mail		•••••
CHILD WITH	Name		•••••
SPECIAL NEEDS	Date of Birth		•••••
	Special Need / Diagnosis		
	School / unit attended		
SIBLINGS	Name	Date of Bir	th
	1		•••••
	2		***************************************
	3		•••••
	4		
	Do siblings have any special needs?y / n		
	Details if yes		
			•••••
HOW DID YOU HEAF	₹	Health Professional	
ABOUT THE GROUP?		Word of mouth	
		School	
		Other (please specify)	
Would you be interested in		Helping / Getting Involved	
		Information by post	
		Information by e-mail	
		Parent Social events – (evening	/daytime)□
		Holiday events	
\\/a		Saturday Clubs	L.

We welcome all your ideas. If you have useful skills/contacts to share (eg art, music, drama or voluntary help at our Saturday Family Club) then please let us know by writing on the back of this form.

PARENTS MUST SUPPORT & FULLY SUPERVISE OWN CHILDREN AT CLUB

Please return form to:

Hansel & Gretel Support Group, c/o Kidderminster Youth House, Bromsgrove Street, KIDDERMINSTER, DY101PF



## www.hanselgretel.org.uk



Reg. Charity No. 518349

We are a registered charity providing mutual support and friendship to disabled and special needs children and their families in the Wyre Forest Area. We provide the opportunity for families to meet together to share ideas and experiences, build friendships and overcome isolation. For more info ring us on 07525-668608 or visit our website.