

Kent Deaf Children's Society

NEW MEMBERSHIP

Please check your details, if all correct please sign & date at the bottom. Please make any changes as necessary.

1st Parent/Carer Full Name:	1st Email address:
2nd Parent/Carer Full Name:	2nd Email address:
Address:	Telephone No: 1st
	Telephone No: 2nd
	Mobile No(s): 1st
	Mobile No(s): 2nd

Children Details:

1st Child Full Name:		2nd Child Full Name:	
Deaf: YES / NO	Sex: M / F	Deaf: YES / NO	Sex: M / F
Physical Disabilities / Additional needs?		Physical Disabilities / Additional needs?	
Date of Birth:		Date of Birth:	
School Attend:		School Attend:	

3rd Child Full Name:		4th Child Full Name:	
Deaf: YES / NO	Sex: M / F	Deaf: YES / NO	Sex: M / F
Physical Disabilities / Additional needs?		Physical Disabilities / Additional needs?	
Date of Birth:		Date of Birth:	
School Attend:		School Attend:	

Additional Children: Please supply same information as per above.

Additional Information:

Communication Method: BSL Total Communication Oral Other

Ethnicity of family

I/we agree to the information on this form being kept on a secure Data Base for the use of the society, in its operations, and understand that it will not be shared with any unauthorised individual or organisation, without my / our prior consent.

I/we also are aware that this organisation use authorised photographers for use by the KDCS and/or NDCS. Please tick box if you do not wish for your child(ren) to participate. If age appropriate, would you like your child(ren) to be kept informed about the Youth Group events. YES / NO

FEEDBACK on the KDCS Service / What would you like to see KDCS offer its members?

Would you like to receive invitation to join our Facebook Group, if so please confirm email address for invitation.

METHOD OF PAYMENT FOR RENEWAL: CHQ PP BACS

DATE: / /

Office use only: Date received

DB updated

Payment recd