



EDUCATION MY LIFE MATTERS
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Summer Support Programme Registration Form

Child's Details

Date of birth		Gender	Male / Female
First name(s)		Surname	
Address			
	Postcode		
Preferred choice of name if any			
Preferred Interest of Young Person (i.e Music, Photography, Football)			

Name of First Parent/Carer Living at Home Address Above

Title		First name		Surname	
Relationship to child		Parental responsibility?	Yes / No		
Home telephone number		Mobile phone number			
Email address		Work telephone number			

Name of Second Parent/Carer

Title		First name		Surname	
Relationship to child		Parental responsibility?	Yes / No		
Home telephone number		Mobile phone number			
Email address		Address (if different)			

By completing this form I am registering my interest for the above young person to attend the EMLM four-week summer support programme.