



Registration Form (For children, youths, parents)

Section A: Child / Youth's Details

Name: _____

NRIC/FIN: _____

Age: _____

Gender: M / F

Address: _____

School: _____

Dietary Restrictions/Medical Conditions (if any): _____

Reason for Referral (e.g., require academic support, would benefit from being mentored, affected by gaming addiction, self-harm, being out of school): _____

I am exploring the following services (Tick where applicable):

Children Services*		Youth Services*	
The Little Reading Club For ages 5 to 9; Weekly (day TBC)		Aspire Tuition For ages 13 to 16; Tuition timing to be arranged	
BLAZE For ages 9 to 12; Wednesdays from 2 to 5pm		Sports @ TGP For ages 13 to 16; Wednesdays 5 to 7pm	
SPARKS For ages 7 to 12; Held during school holidays		The GRIT Hub For ages 13 to 16; Wednesdays 3 to 6pm	
The GRIT Hub+ For ages 8 to 12; Fridays from 2 to 4.30pm		Youth Venture For ages 13 to 16; Timing TBC	
Youth-Rhythmix (Y-Mix) For ages 11 to 14; Saturdays 11am to 2pm			
Counselling Services For ages 7 to 18			

* Please refer to our website for a full description of The GRIT Project's Services.

To make more than one referral, kindly duplicate the first page

A community outreach by



Section B: Family's Details

Name of Father/ Guardian:	Name of Mother / Guardian:
NRIC/FIN:	NRIC/FIN:
Occupation:	Occupation:
Salary:	Salary:
Contact No.:	Contact No.:
Address: <input type="checkbox"/> Tick if same as child / youth's address	Address: <input type="checkbox"/> Tick if same as child / youth's address

CONSENT Required (under Personal Data Protection Act)

By providing the above information and submitting this form, I give consent to Lakeside Family Services ('LFS') collecting, using and disclosing the information for all purposes arising out of or in connection with this programme, and I consent to LFS using and disclosing the information to contact me with regard to similar programmes and events in the future. I also consent to having my records (if any) in LFS's database updated with respect to my child's and my attendance of this programme. I also consent to any photographs, videos, recordings, or any other media records of this event to be used by LFS for legitimate purposes, including publicity, and/ or for uploading onto LFS's public sites and channels.

INDEMNITY

I, _____ NRIC: _____, *parent/guardian of the child listed above, allow my child to participate in the activities presented by Lakeside Family Services in partnership with the organisation mentioned in the programme. In the event of any injury or mishap, I will not hold Lakeside Family Services, its staff and/or volunteers responsible.

Signature (of parent/guardian): _____ Date : _____

*delete where not applicable