

# Registration Form



Clients Name:	Home Phone:
DOB:	Mobile Phone:
Address:	Email:
Preferred form of contact:	Next of Kin:
Preferred time of contact:	Telephone number:
Accept news/updates from us: Yes      No	Relationship to client:

Children's Name and DOB:	Children's School:
Children reside with:	
Are you receiving support from any other charity (please specify):	

**AREAS OF NEED:** *If you feel you need support from Eema Care, please provide as much information as you can below.*

I consent to Eema Care holding my personal details on file.

Name: .....