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***GRAB YOURSELF A BREW AND JOIN US***

**Booking form for coffee mornings**

|  |  |
| --- | --- |
| **PARENT/CARER FULL NAME**  |  |
| **PARENT/CARER DOB** |  |
| **CHILD/S FULL NAME** |  |
| **CHILD/S DOB** |  |
| **ADDRESS** |  |
| **CONTACT NUMBER** |  |
| **EMAIL ADDRESS** |  |

**AGREEMMENT:**

**BY AGREEING TO TAKE PART IN THE YPAS COFFEE MORNINGS YOU ARE AGREEING FOR YPAS TO STORE YOUR INFORMATION ON THE SECURE DATA BASE**

**YOUR INFORMATION WILL NOT BE SHARED AND IS CONFIDENTIAL. YOU ARE ALSO REQUIRED TO RESPECT OTHER PARENTS /CARERS COFIDENTIALITY DURING COFFEE EVENTS HELD BY YPAS**

**OUR COMMITMENT TO YOU :**

**WE ARE COMMITTED TO OFFERING YOU OUR CONFIDENTAIL SPACE**

**IMPARTING INFORMATION TO YOU THAT WE FEEL IS RELEVENT TO THE THEME OF THE COFFEE EVENT**

**SENDING ANY RELEVENT INFORAMTION VIA EMAIL TO YOU (YOU CAN ASK US TO DELETE YOUR EMAIL ADDRESS AT ANY TIME)**

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**www.ypas.org.uk 0151 707 1025 support@ypas.org.uk**