Cayman Brac
Adult Training Centre
Cayman Islands Government

REGISTRATION FORM

Instructions: Please complete all sections on both sides of this form.

CLIENT INFORMATION			
Client Name:		Birth Date: dd/mm/yyyy	
Sex: ☐ Male ☐ Female	Immigration Status: ☐ Caymanian ☐ Permanent Resident ☐ Civil Servant Dependent (non-Caymanian)		
Place of residence: ☐ Family – Specify relationship: _____ ☐ Guardian / Caregiver ☐ Independent ☐ Other: _____		Street Address: P.O. Box: Postal code: District: Cell phone: Email:	

Transportation required:	☐ Yes	☐ No

EDUCATIONAL HISTORY			
Special Needs / High School attended:	Country:	Graduation Year:	

CURRENT WORK DETAILS (if relevant)	
Employer:	Job/Role:
Supervisor name:	Supervisor contact number:

RESPONSIBLE PARTY INFORMATION		
PRIMARY Contact:		Specify relationship:
Email:	Street Address:	
P.O. Box:	Postal code:	District:
Home phone:	Cell phone:	Work phone:
Employer:	Occupation:	

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SECONDARY Contact:		Specify relationship:
Email:		Street Address:
P.O. Box:	Postal code:	District:
Home phone:	Cell phone:	Work phone:
Employer:		Occupation:

It is required that the client or client's substitute decision maker (parent or legal guardian) sign the statement below:

With my signature, I hereby give consent for Print Client's Name to participate in regular programming and fieldtrips.

Print name: _____ **Signature:** _____

Relationship to Client: Self ☐ Parent ☐ Guardian ☐ **Date:** dd/mm/yyyy

Please return form:
Email: CBATC@gov.ky
Hand Deliver To: District Administration Buidling