

Postal address only: c/o 27a Alexandra Road, Croydon CR0 6EY

Email: info@croydondeafchildren.org.uk Website: www.croydondeafchildren.org.uk			
Child's Name:		Gender: N	1 🗆 ғ 🗆
Address:		Date of Birth	ו:
	Postcode:		
Degree of deafness/hearing loss:			
Does your child wear hearing aids	s and/or have a cochlear im	iplant?	
What is your child's preferred me	thod/s of communication?	(choose all that apply)	
BSL SSSE (British Sign Language) (Sign Supported Spoker	Makaton 🗖	Speech \Box	Lip-reading 🛛
Other (please specify)			
Does your child have any addition			
Does your child have an Educatio	n, Health and Care Plan?		
Child's current nursery, school or	college:		
What support does your child rec	eive in school and/or at ho	me?	
Parent/carer contact details:			
Name:	Email addr	ess:	
Home telephone:	Mobile:		
Are you deaf or hearing?			
Are you happy to receive informa		Yes 🛛 🛛 No 🕻	ו
Your details and infor	mation will not be shared with third	parties - it is for CDCS reco	ords only.
We are affiliated to the	National Deaf Children's Society and	-	on policies.
Registered Charity Number 1032790			