



REGISTRATION FORM T- CLUB

Full Name of Child
Date of Birth
Home Address, Postcode and Telephone Number
Email Address (for monthly electronic invoicing and occasional newsletters):
Names of Parents/Guardians/Carers with whom the child lives
1.
Does this Parent/Guardian/Carer have parental responsibility? Yes/No
2.
Does this Parent/Guardian/Carer have parental responsibility? Yes/No
Name of Parent with whom the child <u>does not live</u>
Does this Parent/Guardian/Carer have parental responsibility? Yes/No
Does this Parent have legal access to the child? Yes/No
Address of this Parent:
Home Telephone Number:
Mobile Telephone Number:
Parent's Emergency Contact telephone numbers
1. Work: Mobile:
2. Work: Mobile:

Name of a <u>local</u> Third Party Contact (for emergency use)
Daytime Telephone Number:
Mobile Telephone Number:
Relationship to Child:

Persons over 16 years of age authorised to collect the child (other than named above)	
Name:	Name:
Daytime Telephone Number:	Daytime Telephone Number:
Mobile Telephone Number:	Mobile Telephone Number:
Relationship to Child:	Relationship to Child:

GP's Contact Details
GP's Name and Surgery:
Address:
Telephone Number:

Child's Immunisations/Health Checks including last Tetanus

Does your Child have any Special Needs (including allergies)? If so, please give full details
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Does your Child have any Dietary Requirements? If so, please give full details

Any other information?

I enclose a non-refundable registration fee of £30.00 (please make a cheque payable to Hartley House Montessori Ltd).

Signed _____ Date _____

Please return this form to Hartley House Montessori, The Lido Nursery School and Activity Club, Worthy Lane, Winchester, Hampshire, SO23 7DZ
Telephone: 01962 856 201 E-mail: activityclubs@hartley-house.co.uk



BOOKING FORM T- CLUB

Child's Full Name											
School to be collected from:											
When would you like your Child to start at T-Club?											
On which days would you like your child to attend T-Club?	<table><tr><td>Monday</td><td>Tuesday</td><td>Wednesday</td><td>Thursday</td><td>Friday</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Monday	Tuesday	Wednesday	Thursday	Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	Tuesday	Wednesday	Thursday	Friday							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Extra Activities <p>Some of the activities may involve visiting the park or other local trips. If you would like your child to take part in these activities we require your permission.</p> <p>My signature below confirms my agreement to my child taking part in activities such as those described above.</p> <p>Signed: _____ Date: _____</p>											
Medical Treatment <p>I consent to any emergency medical treatment necessary during my child's attendance at the Activity Club. I authorise the staff to sign any written form of consent required by the hospital authorities if the delay in getting a signature is considered by the doctor to endanger my child's health and safety.</p> <p>My signature below confirms my consent.</p> <p>Signed: _____ Date: _____</p>											