

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	
Does your Child have any Dietary Requirements? If so, please give full details	
Any other information?	

I have enclosed a copy of my child's birth certificate and a non-refundable registration fee of £30.00 payable to Hartley House Montessori Ltd.

Signed _____ Date _____

**Please return this form to:
Teresa Pilkington, St John's Hall, St John's Street, Winchester SO23 0HF.**



BOOKING FORM

Child's Full Name					
The Name by which your Child likes to be called					
When would you like your Child to start at the Club?					
On which days would you like your child to attend?	Monday	Tuesday	Wednesday	Thursday	Friday
T-Club (please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child require cooked tea/snack? Please tick	Cooked Tea <input type="checkbox"/>	Snack <input type="checkbox"/>			
Which school does your child attend?					
Would you like your child to be collected from school and transported to the T-Club?					
Please provide an e-mail address for invoicing purposes					
<p>Extra Activities</p> <p>Some of the extra activities may involve visiting parks, our allotment or other short 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 the activities described above.</p> <p>Signed: _____ Date: _____</p>					
<p>Medical Treatment</p> <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>					