



REGISTRATION FORM

T- CLUB

Full Name of Child		
Date of Birth		
Home Address including Postcode		
Email Address (for monthly electronic invoicing):		
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</u> live		
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 Contact telephone numbers		
1. Mobile:	Work:	Home:
2. Mobile:	Work:	

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:
Name of a <u>local</u> Third Party Contact (for emergency use)	
Daytime Telephone Number:	
Mobile Telephone Number:	
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 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 style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Monday</td> <td style="width: 20%;">Tuesday</td> <td style="width: 20%;">Wednesday</td> <td style="width: 20%;">Thursday</td> <td style="width: 20%;">Friday</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><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"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>Permissions: please tick box as appropriate</p> <p>Photos – Internal <input type="checkbox"/></p> <p>Photos – Marketing (Online) <input type="checkbox"/></p> <p>Face painting <input type="checkbox"/></p> <p>Child able to sit at the front of the bus (children 8 plus only.) <input type="checkbox"/></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>											