

The Jungle Club

Registration Form 2026-2027



Childs Name.....D.O.B Age

Child is known as Gender M/F

Address

Names of parents / carers.....

Home telephone number.....

Mobile telephone number

Mobile telephone number

Work telephone number

Work telephone number

Names of authorised collectors if different to above

Emergency Purposes

Name and telephone number of others to be contacted in an emergency:

Name / Relationship..... Number.....

Name/ Relationship..... Number.....

Doctor..... Surgery.....

Tel. number.....

Any known problems / allergies?

Any additional needs?.....

Other

As all communication and invoices will be sent by email, please provide an email address below where you will be happy to accept these:

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Thank you!

Please indicate sessions required at £6.00 per session per child:

Opening times 3.30-5.15	Monday	Tuesday	Wednesday	Thursday	Friday
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Registration fee payable yearly £7.50 per child.

Fee received by/Staff/Date

Medical consent

I give consent for any medical treatment necessary during the running of the club.

I, being the parent/carer of the above named child authorise the club staff to sign any written consent form required by hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's safety and health.

Outdoor Activities Consent

I, being the parent/carer of the above named child give my consent for outdoor play in the school grounds.

Photographs/ Video consent

I, being the parent/carer of the above named child give consent for photographs and videos of my child to be used in material/media related to the club.

Policies and Procedures

I, being the parent/carer of the above named child have read and understand the policies and procedures in the parent handbook and agree to abide with the terms and conditions.

Signature Date.....

* Please note that if the parents are not married then the signature must be that of the mother unless a joint parental responsibility order has been granted or other legal orders are in place.

