The Jungle Club



Registration Form 2023-2024

| Child's 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 | | |
| | | |
| | | |
| Emergency Purposes | | |
| Name and telephone number of | others to be contacted in an em | ergency: |
| Name / Relationship | Number | |
| Name /Relationship | Number | |
| | | |
| Doctor | Surgery | |
| Tel. number | | |
| Any known problems / allergies? | | |
| Any additional needs? | | |
| Other | | |

Please indicate sessions required at £5.50 per session per child:

Monday

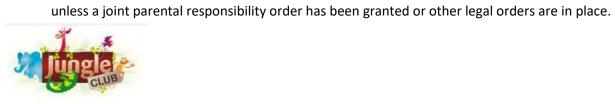
Tuesday

Wednesday

Thursday

Friday

| Times 3:30 – 5:15 | | | | | | |
|----------------------|--|------------------|--|------------------|-------------------|--|
| Registration | fee payable annu | ıally, £7.50 peı | r child. | | | |
| Fee received | d by | Staff | | Date | | |
| Medical con | sent | | | | | |
| I give conser | nt for any medica | l treatment ne | cessary during th | e running of the | e club. | |
| authorise th | e club staff to sig | n any written o | e parent/carer of consent form requed by the doctor | uired by hospita | al authorities if | |
| Outdoor Act | tivities Consent | | | | | |
| | outdoor play in th | | e parent/carer of nds. | the above-nam | ed child give my | |
| Photographs | s / Video consen | t | | | | |
| | | | e parent/carer of child to be used ir | | | |
| Policies and | Procedures | | | | | |
| read and un | | cies and proce | e parent/carer of dures in the pare | | | |
| Signature | | | Date . | | | |
| *Please note | *Please note that if the parents are not married then the signature must be that of the mother | | | | | |



Opening