

The Jungle Club
Registration Form 2023-2024



Child's Name.....D.O.BAge

Child is known as Gender M/F

Address

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.....

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

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.....

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

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

Opening Times 3:30 – 5:15	Monday	Tuesday	Wednesday	Thursday	Friday
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Registration fee payable annually, £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.

