

Sessions required	MON	TUE	WEDS	THUR	FRID	3-3.30
PLEASE TICK						

REGISTRATION FORM CHASEBELL LTD

Personal information about the child START DATE _____

Childs name	
Name to be called	
Address	
Post code	
Date of birth	Male / female
School attended	
_____ name of teacher	
Name of parents or guardians & Address	1.name
Tel numbers	Address
	Poctcode _____ mobile
	me _____ work
E-mail address/parent	ame
@	dress
Relationship to child	Postcode _____ mobile
	Home _____ work

Information of nominated people TO COLLECT CHILD

name	Relationship to child
Address	
Phone numbers	Home _____ work
	Mobile _____
name	Relationship to child
Address	
Phone numbers	Home _____ work
	Mobile _____

MEDICAL INFORMATION

DOCTORS NAME	
SURGERY ADDRESS	
PHONE NUMBER	

MEDICAL INFORMATION CONTINUED

HAS YOUR CHILD HAD THE FOLLOWING INJECTIONS	
TETANUS	YES.....NO.....?.....please circle
MMR	YES.....NO.....?.....please circle
MENINGITIS	YES.....NO.....?.....please circle
RUBELLA	YES...NO.....?.....please circle
POLIO AND WHOOPING COUGH	YES.....NO.....?.....please circle
_____HIB_____	YES.....NO.....?.....please circle
Details of any allergies.	
Dietary requirements	
Medication requirements	
Medical issues & Special needs	

Important!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! MEDICAL CONSENT

<p>I consent to any emergency medical treatment necessary during the running of the club.</p> <p>I authorise the play care staff to sign any written form of consent required by the hospital authorities</p> <p>If the delay in getting my signature is considered by the doctors to endanger my child's health and safety</p>	<p>Yes I agree to the staff giving consent</p> <p>Signed.....</p> <p>No I do not give consent</p> <p>Signed.....</p> <p>Dated.....</p>
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Any other information that you want us to know or that you feel is relevant to the care and wellbeing of your child	
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CLUB USE ONLY	PARENT GREEMENT	CHILD START DETAILS	ALL CHECKED BY