

BISLEY BASE LTD, Registration Form (2020)



Child's Details

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|--|--|
| First Name | |
| Last Name | |
| Date of Birth | |
| Address/s <small>Please give both addresses if parents live separately.</small> | |
| Post Code | |
| Telephone; Home and Mobile | |
| Parents/Guardians Name <small>If parents live apart please say who has legal responsibility</small> | |

Emergency Contact (if we are unable to contact you please give an alternative number and name)

| | |
|-------------------------------|--|
| Telephone | |
| Contact Name | |
| Contact Relationship to child | |

Medical

| | |
|---|--|
| Allergies/Health Problems/ Food Intolerances/Preferences Doctors Name and Address | |
|---|--|

In the event of an emergency where the staff are unable to contact me or the emergency contact, I give my permission for the staff leading the session to act on my behalf and provide any necessary permissions for treatment on my child to a doctor.

As part of our commitment to ensure the welfare of your child it may be necessary to share information with other agencies. This may be the school your child attends or other linked professionals.

Payment for the half term is due by the date on the invoice.

I confirm that the above is correct and **I have read and agree to the terms and conditions.**

Signed Parent/Guardian Date: