



MOUNT HAWKE ACADEMY PLAYZONE REGISTRATION FORM

CHILD'S(REN'S) NAME(S):.....

NAME OF PARENTS:..... (MOTHER).....(FATHER)

CHILD'S (REN'S) HOME ADDRESS:.....

..... POSTCODE.....

IN CASE OF EMERGENCY CONTACTS: (please provide name & telephone in order preference)

NAME OF CONTACT IN ORDER PREFERENCE	TELEPHONE 1 Indicate Home, Work, Mobile	TELEPHONE 2 Indicate Home, Work, Mobile	TELEPHONE 3 Indicate Home, Work, Mobile
1.			
2.			
3.			
4.			

The information provided here will be held by Mount Hawke Academy 'PLAYZONE', no unauthorised person shall have access to this data and it will be subject to strict control under the data protection act.

YOUR COLLECTION PASSWORD IS:

COURT ORDERS OR ADDITIONAL INFORMATION: THIS INFORMATION IS CONFIDENTIAL

If your child(ren) is/are subject to any Court Orders, please provide us with a copy of the terms. If there is anything else 'PLAYZONE' staff need to be aware of please advise us accordingly.

MEDICAL INFORMATION:

PLEASE TICK TO CONFIRM THAT YOU AGREE WITH STAFF FROM MOUNT HAWKE ACADEMY TO INITIATE APPROPRIATE MEDICAL TREATMENT IN AN EVENT OF AN EMERGENCY

MEDICAL PRACTICE.....DOCTORS NAME:.....

PRACTICE ADDRESS:.....

TELEPHONE.....(INCLUDING CODE)

PLEASE ADVISE BELOW IF YOUR CHILD HAS MEDICAL CONDITIONS OR ALLERGIES WE NEED TO BE AWARE OF AND ANY MEDICATIONS REGULARLY TAKEN. **IF NONE PLEASE STATE NONE**

.....
.....
.....

USE OF IMAGES:

In order to comply with the Data Protection Act 1998, Mount Hawke Academy 'PLAYZONE' needs your consent before taking photographs of your child which are not part of its core activities.

Please read the following statements and tick and sign to confirm – Thank you.

- I agree that the Academy 'PLAYZONE' can take photographs of my child to use in Academy Literature and on the 'PLAYZONE' notice board (Including Academy newsletters; Academy brochure and other promotional material etc.) **YES/NO***
- I agreed that the Academy 'PLAYZONE' can use of images of my child(ren) on its website (Please note the web site can be viewed across the world) **YES/NO***
- I agree that the Academy 'PLAYZONE' can take photographs of my child(ren) for the Academies 'PLAYZONE' own records, archives and future interest (e.g. photographs of sports team). **YES/NO***

SIGNED:..... PRINT NAME:.....

***PLEASE DELETE AS APPROPRIATE**

PERSONAL BELONGINGS:

Children can bring toys/games to 'PLAYZONE' but please be advised that the Safe Keeping of personal belongings is the child's(ren's) responsibility. 'PLAYZONE' accepts no liability for the loss, theft or damage of a child's personal belongings.

'PLAYZONE' REQUIREMENTS: PLEASE TICK

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3 - 4 PM					
3 – 5 PM					
3 – 6 PM					

EVERY WEEK? YES / NO* (PLEASE DELETE AS APPROPRIATE)

ON OCCASIONS: (PLEASE SPECIFY).....
.....

CONFIRMATION:

- I confirm that the information provide on this registration form is true and accurate. I will inform the Academy 'PLAYZONE' if any of the above details change.
- I understand that this form does not constitute an offer of a place, unless previously agreed by the 'PLAYZONE' Supervisor.
- I confirm that I have received a copy of the 'PLAYZONE' literature including prices and agree to pay for any session attended upon collection, unless otherwise agreed with the 'PLAYZONE' Supervisor.
- I confirm that I will give a minimum of 24 hours notice for my child not to attend an agreed session (unless I have collected my child early due to illness), as I understand failing to do so, I will be charged.

SIGNED:PRINT NAME:DATE: