



Fairfield Fun Factory
(Limited by Guarantee)

*Peelhouse Lane
 Widnes
 Cheshire
 WA8 6TH*

Tel: 07940 190655

Registration Form

Child's Details		
First Name:	Name Known as:	
Surname:	Date of Birth:	Gender:
Home Address:		
Postcode:		
Home Telephone Number:		
School Attended:		
Ethnicity:	Religion (if any)	Languages Spoken:

Parents/Carers Details	
Mother:	Address (if different to the child)
Home Telephone Number:	Mobile Telephone Number:
If father has parental responsibility:	Address (if different to the child)
Father:	
Home Telephone Number:	Mobile Telephone Number:

Parents/Carers Details	
Others having parental responsibility: Name:	Address:
Home Telephone Number:	Mobile Telephone Number:

Emergency Contact Details	
In an emergency who should be contacted?	Parent/Carer/Relation/Childminder/Neighbour (please tick)
1st Contact Relationship: (Parent/Grandparent/Carer etc.)	Telephone Number: Mobile Telephone Number: Place of Work: Work Telephone Number:
2nd Contact Relationship: (Parent/Grandparent/Carer etc.)	Telephone Number: Mobile Telephone Number: Place of Work: Work Telephone Number:
3rd Contact Relationship: (Parent/Grandparent/Carer etc.)	Telephone Number: Mobile Telephone Number: Place of Work: Work Telephone Number:

Child's Medical Details	
Doctors Name:	Doctors Address: Telephone Number:
Details of any Significant Health Issues (including special educational needs and/or physical disabilities statement):	

Child's Medical Details

Details of any Special Dietary Requirements, Allergies and Significant Food and Drink Preferences:

Record of Immunisations:

Can you confirm your Child's immunisation programme is up to date?

Who is to be contacted if permission is required for medical treatment?

In the case of a medical emergency where Parent/Carer/Named Person cannot be contacted I give permission for my child to receive emergency medical treatment from trained personnel:

SIGNED:

DATE:

Any Other Relevant Information

AGREEMENT

I hereby consent for my child to take up a place at Fairfield Fun Factory Limited, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the Club, and agree to abide by them.

I understand that persistent late or non payment of fees will jeopardise my child's continued attendance at the Club.

I confirm that the information submitted above is correct, and I promise to contact the Manager as soon as any of the details change.

Signature of Parent/Carer:

Date: