



CHILD'S FULL NAME: .....

Please give details of all persons who have parental responsibility for your child:

Name: ..... Home telephone: .....

Address: ..... Mobile: ..... Work: .....

..... Postcode: ..... Relationship to child: .....

Name: ..... Home telephone: .....

Address: ..... Mobile: ..... Work: .....

..... Postcode: ..... Relationship to child: .....

Please give details of any other person you wish to be contacted in an emergency:

Name: ..... Home telephone: .....

Address: ..... Mobile: ..... Work: .....

..... Postcode: ..... Relationship to child: .....

I/we give my consent for any of the above-named persons to collect my child.

I/we give my consent for any emergency medical treatment or transport to hospital if necessary during my child's attendance at Chuckleberries.

I/we give my consent for my child to participate in local off-site visits, including Bury Green and the playground and local walks within Bury during the opening hours of Chuckleberries. *[Any outings that are not within Bury will be notified to parents in advance and a separate consent form will be required.]*

I/we understand that, while Chuckleberries staff and helpers in charge of the party will take all reasonable care of the children, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my child during or out of the visit.

I/we confirm that I have completed a Chuckleberries Medical Information Form for my child and undertake to keep Chuckleberries informed if any of these details should change.

I/we confirm that I have read and agree to abide by Chuckleberries' policies. I/we understand that fees should be paid half-termly in advance and full fees will be charged if my child is ill or on holiday. *[Your child may be refused admittance if fees have not been paid.]*

I/we consent for photographs to be taken of my child during activities which will be used solely for the development of the Chuckleberries Portfolio Album and maintaining Child Records.

I/we consent to our personal data being stored for sole use by Chuckleberries for specified purposes to enable care and education to be provided to our child in partnership with us and to enable us to be contacted in case of emergency. The information will only be provided to third parties with our permission. I/we understand it is our responsibility to ensure Chuckleberries has up-to-date and accurate information about our contact details and anything else deemed significant. I/we understand that these details will be kept for two years after our child leaves Chuckleberries.

Signed: ..... Date:.....