

Tetris Play Centre Application Form



Name	<input type="text"/>	Address	<input type="text"/>
Surname	<input type="text"/>		<input type="text"/>
Date of Birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	Town & Post Code	<input type="text"/>
Gender	<input type="checkbox"/> Girl <input type="checkbox"/> Boy	Email	<input type="text"/>
		Mother's Name	<input type="text"/>
		Father's Name	<input type="text"/>

Pick-Up Authorisation

Name the persons authorised to pick up your child. No other person will be able to do so without the parent/guardian's consent. (kindly include yourself)

Name & Surname	ID Card No	Relationship to Child
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact Details

Please ensure that you include the correct details of persons who may be contacted in case of emergency.

Name & Surname	Mobile Number	Fixed Line Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical History

Please answer all questions carefully.

- Does your child have any type of allergy? Yes No
If Yes, specify:
- Has your child ever had an operation/injury? Yes No
If Yes, please describe it:
If Yes, in which month and year did it occur?
- Does your child have any specific dietary needs? Yes No
If Yes, specify:
- Is your child currently taking prescription medicine? Yes No
If Yes, specify drug: Dosage:

5. Please describe any other health or physical/psychological condition of your child (or any other condition) about which we should be informed.

Yes No I/we declare that all information entered here was done accurately and truthfully.

Yes No I/we declare that I/we have read and accepted the Policies and Procedures Presented by Tetris Play Centre for this services.

Yes No I/we authorise the operators of Tetris Play Centre that they may take pictures of my/our child and have them published in the 'internal' newsletter

Yes No I/we hereby consent to that my/our child participates in spontaneous outings (including trips to the playground or park) from time to time taking place within walking distance from the premises of Tetris Play centre without a specific prior consent from me/us. This consent shall be valid throughout the time my/our child attends to Tetris Play Centre unless I notify otherwise in writing.
I/we understand and agree to a full and complete waiver and release of any and all liability on the part of Tetris Play Centre any of its group entities in relation to such outings.

Parent1 Name

ID Card Signature
Date

Parent2 Name

ID Card Signature
Date

A deposit of €100 must accompany this application*
****Deposit not refundable unless the child is refused admission to the program.***

Days and Timings needed:

DAY	FROM	TILL
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		