

Fast Track Single Day Registration

Payment must be made in advance by credit/debit card

Name of Centre	
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Parent/Guardians' Details (give details of those authorised to take **custody** of your child(ren))

Parent/Guardian 1		Parent/Guardian 2 (if required)	
Title (eg Mrs)		Title (eg Mrs)	
Forename(s)		Forename(s)	
Surname		Surname	
Address		Address	
Postcode		Postcode	
Tel (Home)		Tel (Home)	
Tel (Mob)		Tel (Mob)	

Child(ren) Details

Give full details of any known medical conditions such as asthma or allergies. Failure to do so means that we might be unable to take correct action which might endanger your child.

Name 1		Date of Birth	D	D	M	M	Y	Y
Gender	MALE/FEMALE	Medical Conditions						
I/We give permission for the following medicines to be administered to this child today:								
Name 2		Date of Birth	D	D	M	M	Y	Y
Gender	MALE/FEMALE	Medical Conditions						
I/We give permission for the following medicines to be administered to this child today:								
Name 3		Date of Birth	D	D	M	M	Y	Y
Gender	MALE/FEMALE	Medical Conditions						
I/We give permission for the following medicines to be administered to this child today:								
Name 4		Date of Birth	D	D	M	M	Y	Y
Gender	MALE/FEMALE	Medical Conditions						
I/We give permission for the following medicines to be administered to this child today:								

Care Details / Invoice							
Start Time:				Finish Time:			
<i>Round up to nearest half hour</i>							
Rate	£	No of children		No of hours		Line Total	£
Rate	£	No of children		No of hours		Line Total	£
Total Advance Fee Payable:							£

Credit/Debit Card Details			
Credit/Debit Card Type			
Credit/Debit Card Number			
Start Date		Exp Date	
Sec Code		Issue No	

Permissions

I/We give permission /do not give permission* for first aid to be administered to my child(ren) in the unlikely event of them sustaining a minor injury. (*delete as appropriate)
I/We give permission /do not give permission* for my child(ren) to participate in spontaneous activities outside Ark Childcare Ltd's premises, for example, on a wood side walk, a visit to the park, or the beach. (*delete as appropriate)

Where or how did you hear about us?

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Declaration

I/We agree to abide by Ark Childcare Ltd's standard Terms and Conditions, a copy of which has been made available to me/us.

I/We authorise payment of invoiced amounts using the credit/debit card detailed above. I/We understand that payment will be made in advance for the care that I/We have requested, and that no refund will be given. I/We also authorise further payment(s) to be taken in the event of a pick-up later than that stated above.

If my/our child becomes sick or needs hospital attention, I/we will be contacted as soon as possible. I/We will return to attend to the child as soon as feasible and I/we understand that no refund will be given.

Credit/Debit Card Holder's Signature		Date	D	D	M	M	Y	Y
Parent/Guardian 2 Signature (if available)		Date	D	D	M	M	Y	Y

For Use by Ark

Additional Hours used:

Rate(s):

Additional Fee Payable:

Comments/remarks: