



BABINGTON HOUSE
SOMERSET

CHILDREN'S APPLICATION FORM

I hereby apply for child membership to Babington House. If accepted I agree to be bound by the rules concerning child membership

Please note that all sections must be completed in order for the form to be processed.

Please note that Child Membership expires upon turning 18 years of age and does not automatically transfer in to an Under 27 membership. Child Members will be required to follow the standard application process should they wish to become an U27 member.

Please select a membership type:

LOCAL HOUSE CHILD MEMBERSHIP: £200

- Local House Child Membership entitles the named child to visit Babington House under the supervision of their parent member.
- Membership grants your child access to Teeny House and the swimming pool.
- Teeny House hours are 09:00-17:00 Monday to Friday, 09:00 to 18:00 Saturday and Sunday. Children can be dropped-off for 1 hour per day (subject to availability).
- Child swimming hours are Monday to Friday, 9.30am to 11.30am and 3.30pm to 6.00pm. There is no child swimming permitted at the weekends unless they are a hotel guest.

EVERY HOUSE CHILD MEMBERSHIP: £500

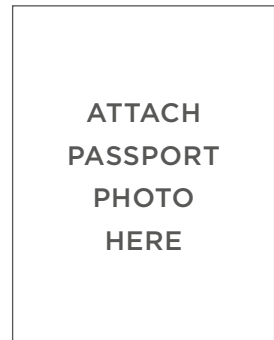
- In addition to the Local House entitlement, Every House Child Membership adds access to the swimming pool at Shoreditch House and Soho Farmhouse, during listed children's swimming hours.

CHILD APPLICANT

NAME

DATE OF BIRTH

FIRST LANGUAGE



PARENT DETAILS

NAME

HOME ADDRESS.....

.....

.....

MOBILE NUMBER

EMAIL ADDRESS



BABINGTON HOUSE
SOMERSET

CARER / NANNY / GUARDIAN DETAILS (IF APPLICABLE)

NAME:

HOME ADDRESS (IF DIFFERENT FROM ABOVE):.....

.....

MOBILE NO:

EMERGENCY CONTACT:

NAME.....

EMERGENCY CONTACT TELEPHONE NUMBER:

Please specify if your child has any Medical Condition / Allergies, e.g.

Asthma, Eczema, Food/Animal Allergies:

.....

IS YOUR CHILD ISSUED WITH AN EPIPEN? YES NO

Children issued with an EpiPen must bring them to each session that they attend and the pen must be in date. For their own safety they will not be admitted if this procedure is not followed. You will be asked for further details prior to the session regarding allergies known to trigger anaphylaxis.

NAME, ADDRESS & POSTCODE OF FAMILY DOCTOR:

.....

.....

DOCTORS TELEPHONE NUMBER:

VACCINATION RECORD UP TO DATE: YES NO

Staff members are not permitted to administer any medication, however in the case of an emergency if we are not able to make contact with you, medical assistance may be obtained and emergency first aid given. We need your written permission to do this; please see below.

PERMISSION FOR EMERGENCY TREATMENT: I give permission for a member of staff to obtain urgent medical treatment for the participant named on this card. This may include lifesaving treatment, or emergency First Aid.

SIGNATURE:



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PLEASE SPECIFY ANY SPECIAL NEEDS, PHYSICAL OR LEARNING DISABILITIES:

.....

DOES YOUR CHILD REQUIRE NAPPY CHANGING? YES NO

If you wish nappy cream to be used this will need to be provided with the child's name clearly labelled. I give consent for the nappy cream to be applied to the child named on this registration form.

SIGNATURE:

If your child is attending during the summer season, we sometimes explore the grounds for a walk. I give my consent for the child named on this registration form to go on a walk.

SIGNATURE:

If your child is attending during the summer season, we may apply sun cream (Hypoallergenic, SPF 50). I give my consent for sun cream to be applied to the child named on this registration form.

SIGNATURE:

Our 'Settling in Policy' means that if your child doesn't settle within 20 minutes, we will do our best to contact you so they don't suffer prolonged upset. This also ensures other children in the session receive the proper level of care. Does your child have a comforter?

YES NO

DETAILS OF COMFORTER

IS YOUR CHILD ALLOWED TO WATCH TV/PLAY ON COMPUTER CONSOLES?

YES NO

Please bring everything that your child needs for a happy and enjoyable visit and that all equipment, clothes and comforters are labelled with your child's name.

In the event of a fire evacuation, children will be taken to the nearest assembly point.

I confirm I have read all information on this form and that the details on this form are correct to the best of my knowledge, and will inform staff if anything on this form changes.

SIGNATURE:

DATE:

RELATIONSHIP TO CHILD: