



Registration form

Young learner courses 2013

For office use only
Student ID number:

By submitting this form, you confirm that you agree to the full Bell terms and conditions as found at www.bellenglish.com/terms
If completing the form by hand, please write clearly in BLOCK CAPITALS and use black ink. Email, post or fax the form to us and photocopy for your own records.

Child's information

Child's full family name(s): _____
 Child's first name(s): _____
 Male Female Date of birth (day/month/year): _____
 Nationality: _____ First language: _____
 Correspondence address: _____

 _____ City: _____
 Country: _____ Post/zip code: _____

Visa information

Type of visa required: None Child Visitor Other please specify: _____
 Passport number: _____ Expiry date: _____
 If you need a visa support document, send us a copy of your passport and complete this section.
 Student address (if different from above): _____

 Document delivery: Free standard delivery Fast, secure, courier service (£30)

Parent/guardian information

Title and full name: _____
 Telephone: _____
 Email: _____
 Relationship to child: Parent Guardian Other please specify: _____

Medical and welfare

The following section MUST be completed and FULL details provided in order to ensure your child receives all necessary care / medication during their stay. YES NO

1) Has your child ever suffered from a serious medical condition? YES NO
 Details: _____

2) Has your child had a serious illness/condition/surgery within the last 12 months? YES NO
 Details: _____

3) Does your child have any psychological/physical/developmental difficulties? YES NO
 Details: _____

4) Does your child suffer from asthma or a cardiac condition? YES NO
 Details: _____

5) Has your child had a tetanus vaccination? YES NO
 If yes, which year? _____

6) Is your child undergoing a course of medical treatment? YES NO
 Details: _____

7) Does your child have any allergies or is there any food they cannot eat? YES NO
 Details: _____

MEDICINES ON THE COURSE Please read and complete carefully.

8) Will your child bring any medicines with them? YES NO
 If yes, the following information MUST be provided separately: medical condition, name of medication, dosage, time and frequency of treatment, doctor's prescription.

9) If your child needs non-prescription medicine, such as mild pain relief or throat lozenges, are you happy for Bell staff to give this to your child? YES NO

10) Is there any other information that Bell should be aware of? YES NO
 Details: _____

Agent information

Agent code: _____
 Contact name: _____
 Telephone: _____
 Email address: _____

Course information

Course name: _____
 Location: _____
 Dates: _____

Places on the following course options are limited and MUST be pre-booked by ticking ONE of these boxes:

Focus English: Golf (Wellington College only)
 Horse-riding (The Leys School only)
 Focus Expert: Fashion Film-making
 Water sports Horse-riding Outdoor survival

Students must bring their own golf equipment/suitable shoes for horse riding.

Emergency contact information

The following section MUST be completed. Please note that emergency telephone numbers should be available for contact 24 hours a day.

Emergency contact name: _____
 Emergency contact number (mobile preferred) including international dialling code: _____
 Emergency contact email: _____

Parent/guardian authorisation

The following section MUST be completed. Bookings cannot be accepted without authorisation.

- All of the information supplied is correct.
- I have informed Bell of all relevant medical information.
- I accept Bell's terms and conditions for young learner courses.
- I accept Bell's course rules for young learners.
- I give permission for my child to participate in all activities.
- I authorise Bell to look after my child's welfare while he/she is on the course(s) and authorise qualified staff to safely administer any medications that my child brings to the course(s), as per the prescription provided.
- I give my consent for a doctor to give any medical treatment considered necessary and authorise the administration of an anaesthetic and operation if I cannot be contacted in an emergency.

Signature: _____

Date: _____
 Occasionally we photograph or film activity at our centres. These photos/film footage are used for promotional purposes. If you do not wish your child to be photographed/filmed please tick here
 Occasionally we will send information about promotions or services that may be relevant to you. If you do not wish to receive this information please tick here
 For more details on our privacy policy visit www.bellenglish.com/privacy

Please email, post or fax this form to: Bell, Hillcross, Red Cross Lane, Cambridge CB2 0QU, UK
 Tel: +44 (0) 1223 275598 Fax: +44 (0) 1223 850126 Email: enquiries@bellenglish.com