



SHOREDITCH HOUSE  
EAST LONDON

# CHILDREN'S APPLICATION FORM

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I hereby apply for child membership to Shoreditch 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 Soho House application process should they wish to become an U27 adult member.

Please select a membership type:

**LOCAL HOUSE CHILD MEMBERSHIP: £250** — PLEASE COMPLETE SECTION 1 ONLY

- Local House Child Membership entitles the named child to visit Shoreditch House under the supervision of their parent member.
- Membership grants access to the swimming pool from opening time until 12:00 each day.
- Children are welcome on the 5th floor, excluding the Square Bar and Sitting Room, until 6pm, and in the rooftop restaurant until 9pm.

**EVERY HOUSE CHILD MEMBERSHIP: £700** — PLEASE COMPLETE SECTION 1 AND 2

- In addition to the Local House entitlement, Every House Child Membership adds access to the swimming pool and Childcare Facilities at any of our houses with a swimming pool, during listed children's swimming hours.

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## SECTION 1.

### CHILD APPLICANT

NAME .....

DATE OF BIRTH .....

FIRST LANGUAGE .....

### PARENT DETAILS

NAME .....

HOME ADDRESS.....

.....

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MOBILE NUMBER .....

EMAIL ADDRESS .....



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**CARER / NANNY / GUARDIAN DETAILS (IF APPLICABLE)**

**NAME:** .....

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

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**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:** .....



**PLEASE SPECIFY ANY SPECIAL NEEDS, PHYSICAL OR LEARNING DISABILITIES:**

.....

**SECTION 2.**

**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

**DECLARATION**

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:** .....

To apply for Child Membership, download this form, attach a named passport photo and return to the Membership team by scanning and sending to [membership@sohohouse.com](mailto:membership@sohohouse.com). Please use the applicant's name as the subject of your email.