



\*PLEASE ENSURE YOU COMPLETE BOTH PAGES CLEARLY IN CAPITAL LETTERS



**GREAT GRANSDEN PRE-SCHOOL PLAYGROUP  
REGISTRATION FORM**

CHILDS NAME: \_\_\_\_\_ KNOWN AS: \_\_\_\_\_

DOB: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME TELEPHONE No: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

PLACE OF WORK [IF APPL]: \_\_\_\_\_

WORK TEL No: \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

[TO SEND INFORMATION i.e.: NEWSLETTERS,EVENTS ETC FROM PLAYGROUP]

FATHER'S NAME: \_\_\_\_\_

PLACE OF WORK: [IF APPL]: \_\_\_\_\_

TEL No: \_\_\_\_\_ MOBILE: \_\_\_\_\_

NAMES/D.O.B. OF SIBLINGS: \_\_\_\_\_

LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

RELIGION \_\_\_\_\_

DIETARY REQ/ALLERGIES/MEDICAL CONDITIONS(I.E. ASTHMA): \_\_\_\_\_

G.P: \_\_\_\_\_ TEL No: \_\_\_\_\_

HEALTH VISITOR: \_\_\_\_\_ TEL No: \_\_\_\_\_

HAS YOUR CHILD ATTENDED ANY SIMILAR SETTING IN THE PAST? YES  / NO

DOES YOUR CHILD ATTEND ANOTHER SETTING CURRENTLY? YES  / NO

IF SO: NAME OF SETTING: \_\_\_\_\_ PERMISSION TO CONTACT: Y/N

AND No OF DAYS/SESSIONS ATTENDED PER WEEK \_\_\_\_\_

IN THE EVENT OF ILLNESS/ACCIDENT PLEASE GIVE CONTACT NAMES/ PHONE NUMBERS

FOR US TO RING **IN ORDER OF PREFERENCE** SO YOUR CHILD CAN BE SENT HOME

[IN EVENT OF AN EMERGENCY- WE WILL RING PARENTS/CARERS FIRST]

1] \_\_\_\_\_ No: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

2] \_\_\_\_\_ No: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

3] \_\_\_\_\_ No: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

4] \_\_\_\_\_ No: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

IN THE EVENT OF SOMEONE OTHER THAN YOURSELF/REGULAR PERSON COLLECTING YOUR CHILD PLEASE RING AND NOTIFY US WITH THEIR NAME. ALSO PLEASE GIVE A PASSWORD TO BE USED IN THAT INSTANCE.

PASSWORD: \_\_\_\_\_

**PLEASE NOTE ONLY PEOPLE AUTHORISED BY YOU WILL BE ABLE TO COLLECT YOUR CHILD.**

DECLARATIONS BY PARENT/GUARDIAN:

- 1) I HAVE READ THE INFORMATION BOOKLET AND ACCEPT THE CONDITIONS ON PAYMENT OF FEES
- 2) I GIVE PERMISSION FOR STAFF TO SEEK EMERGENCY MEDICAL ADVICE OR TREATMENT
- 3) I GIVE PERMISSION FOR STAFF TO APPLY HYPOALLERGENIC PLASTERS AS NECESSARY
- 4) I GIVE PERMISSION FOR STAFF TO TAKE PHOTOS OF MY CHILD AT PLAY FOR THEIR RECORD FOLDER
- 5) I GIVE PERMISSION FOR STAFF TO LIASE WITH ANY OTHER SETTING MY CHILD ALSO ATTENDS

6) GREAT GRANSDEN PRE-SCHOOL PLAYGROUP:

AS A GROUP WE HAVE A DUTY IN ACCORDANCE WITH THE CHILDREN ACT 1989 PART 10 TO REPORT ANY SUSPICIOUS INCIDENTS AS WELL AS SUSPICIOUS ACCIDENTS TO THE RELEVANT AUTHORITIES AS THE WELFARE OF THE CHILD IS OF PARAMOUNT IMPORTANCE

SIGN IN AGREEMENT TO 1-5 ABOVE: \_\_\_\_\_ PARENT/CARER

DATE: \_\_\_\_\_

NEW ADMISSIONS ONLY:

REGISTRATION FEE PAYABLE WITH FIRST BILL:

£15.00 / CHILD  £20.00 FOR TWINS  - PLEASE SPECIFY

PLEASE SEND THIS FORM TO PLAYGROUP WITH A PHOTOCOPY OF YOUR CHILD'S BIRTH CERTIFICATE [NEEDED FOR FUTURE GRANT APPLICATION]

PLAYGROUP ONLY:

DISCUSSED WITH PARENT/S ON: \_\_\_\_\_

START DATE: \_\_\_\_\_ SESSIONS TO START: \_\_\_\_\_ INTAKE YEAR: \_\_\_\_\_

Updated April 2011