

## Registration and Emergency Contacts Form

Full name of child: \_\_\_\_\_

Name your child likes to be called: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Male / Female: \_\_\_\_\_

Home address of child: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Mobile telephone number: \_\_\_\_\_

E-mail address \_\_\_\_\_

**Brothers and sisters of child stated above:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**We serve snacks at playgroup, to ensure we give your child what you would prefer please circle the appropriate: milk / water / either**

*We alternate the snacks weekly, please find the snacks listed on the current newsletter, if you wish your child not to have what is provided please speak to a member of staff.*

**Please list any allergies that your child has (please list this in detail):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any special dietary requirements that your child has (please list in detail):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you happy for us to administer plasters on your child: Yes / No**

Please list any additional needs that your child has (please list in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctors Details:**

Name of Doctor: \_\_\_\_\_  
Practice attended and address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone number: \_\_\_\_\_

**Emergency contact details of Parents / Main Carers:**

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address if different from child's: \_\_\_\_\_  
\_\_\_\_\_  
Home telephone: \_\_\_\_\_ Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address if different from child's: \_\_\_\_\_  
\_\_\_\_\_  
Home telephone: \_\_\_\_\_ Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_

**Alternative Emergency Contact details:**

*Please state below two alternative contact details who you give consent to us contacting in the event of an emergency or to collect your child in the event of both main carers stated above unavailability.*

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home telephone: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home telephone: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please state below any alternative information that playgroup should be aware of regarding access to your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I sign to confirm that the information stated above is correct to the best of my knowledge.

*If any of the above details alter please ensure you inform a playgroup member of staff and change this form accordingly.*

Signed: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

It is important to have written permission from you as a parent / carer to allow us to carry out certain activities as a playgroup, please answer the questions below and sign:

I give permission for my child to take part in accompanied outings around the village of Hempnall in accordance with the correct 1 adult: 2 children ratio, i.e. to the Mill Centre for carol singing, visiting the farm or Church. You will be notified of such trips before taking place. I give permission: **YES / NO**

I give permission for playgroup to pass on in confidence, my child's details and contact details to the local school if required. I give permission: **YES / NO**

In my absence I give permission for any emergency medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present to be administered to my child if it is not possible to contact me or the alternative emergency contacts stated above. I give permission: **YES / NO**

I give permission for my child to be observed and photographs to be taken by members of staff for the purposes of my child's developmental records on file. This document can be viewed by you the parent / carer when wished. I give permission: **YES / NO**

We allow parents / carers to take photographs and/or video clips of events involving their children, such as Nativity plays, Parties and any such special events. I give permission to for my child to be photographed and videoed: **YES / NO**

We request that children bring their own wellies into playgroup for outdoor playtime. We do keep a selection at playgroup if a child does not bring theirs to a session. I agree to the provision of welly boots being provided for my child if they do not have a pair at playgroup: **YES / NO**

I sign to confirm that I agree to the above consent:

Signed: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

Please state below any issues you wish us also to be aware of at playgroup:

*(I.e. needing two copies of the half termly newsletter etc for family members)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_