St Devenick’s Playgroup – Registration Form

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Details | | | | |  | | | | |
| Name: | |  | | | Date of Birth | | | |  |
| Address: | |  | | | Gender | | | | M / F |
|  | |  | | |  | | | | |
|  | |  | | | Nationality: | | | |  |
| Postcode: | |  | | | First Language: | | | |  |
| Parent/Guardian Details | | | | | Parent/Guardian Details | | | | |
| Name: | |  | | | Name: | |  | | |
| Address | |  | | | Address | |  | | |
| *(If different* | |  | | | *(If different* | |  | | |
| *from above)* | |  | | | *from above)* | |  | | |
| Tel (Home) | |  | | | Tel (Home) | |  | | |
| Tel (Work) | |  | | | Tel (Work) | |  | | |
| Mobile: | |  | | | Mobile: | |  | | |
| Email: | |  | | | Email: | |  | | |
| *Please indicate which email address(es) you would like information sent to by ticking relevant box(es)* | | | | | | | | | |
| Doctor | | | | | Emergency Contact (other than Guardian) | | | | |
| Name: | |  | | | Name: | | |  | |
| Address: | |  | | | Relationship: | | |  | |
|  | |  | | | Address: | | |  | |
|  | |  | | |  | | |  | |
|  | |  | | |  | | |  | |
| Tel: | |  | | | Tel: | | |  | |
| **Health Visitor** | | | | | | | | | |
| Name | |  | | | Tel: | | |  | |
| Allergies /Dietary requirements/ Additional Needs | | | | | | | | | |
| Details: |  | | | | | | | | |
|  | | | | | | | | |
| **Please give details of other Nurseries/Groups your child goes to, or will go to during their time at Playgroup:** | | | | | | | | | |
|  | | |  | | | | | | |
| How long are you planning your child attending St Devenick’s Playgroup for: | | | | | | | | | |
| Please give a leaving date (if known) *mm/yy* | | |  | | | | | | |
| Leaving notice period is 1 month, please give notice in writing (email) to stdevenicksplaygroup@gmail.com | | | | | | | | | |
|  | | | | | | | | | |
| Where did you hear about us: Tots & Toddlers  Recommendation  Previous child  Website  Poster  Facebook  Word of Mouth  Other**:** | | | | | | | | | |
| Preferred Days: Mon  Tue  Wed  Thurs  Fri | | | | Preferred Start Date: | | | | | |
| I, having parental rights and responsibility towards the above named person understand that the above data is accurate. By signing this form I agree to the playgroups privacy policy and understand that it is my responsibility to inform the playgroup of any changes to the information I have provided. | | | | | | | | | |
| **Name:** | | | | | | **Relationship to child:** | | | |
| **Signature:** | | | | | | **Date:** | | | |