



Registration Form

Child's Surname:		Forenames:	
Child known as (if different from above):			
Date of Birth:		Sex (M/F):	
Address:			
Postcode:		Telephone Number:	
Mother/Guardian:		Parental Responsibility	Yes/No
Address (If different from above)			
Telephone Number:		Mobile:	
Work Address:			
Work Telephone Number:			
Signed:		Date:	
Father/Guardian:		Parental Responsibility	Yes/No
Address (If different from above):			
Telephone Number:		Mobile:	
Work Address:			
Work Telephone Number:			
Signed:		Date:	

Others With Parental Responsibility (if applicable) :

Name: Relationship to Child:

Address:

Telephone Number:

Mobile:

Signed:

Date:

EMERGENCY CONTACTS:

Name: Relationship to Child:

Address:

Telephone No:

I confirm that I have been given permission to be an emergency contact for the child named on this form and have permission to collect the child at the end of the session.

Signed:

Date:

Name: Relationship to Child:

Address:

Telephone No:

I confirm that I have been given permission to be an emergency contact for the child named on this form and have permission to collect the child at the end of the session.

Signed:

Date:

Name and Address of Family Doctor:

Telephone Number:

Names and Ages of Siblings:

Does your child attend any other Setting? (please tick)	Yes:	No:
If yes, which one:		
Is your child on any other Settings waiting lists:	Yes:	No:
If yes, which ones:		

GENERAL INFORMATION

How would you describe your child's ethnicity or cultural background?
What is the main religion in your family?
Are there any festivals or special occasions celebrated in your culture that your child would be taking part in and that you would like to see acknowledged and celebrated while he/she is in our Setting?
What language(s) is/are spoken at home?
If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment?

THE FOLLOWING INFORMATION IS REQUIRED FOR INSURANCE PURPOSES:

I/We give permission for staff to administer First Aid to _____ as required.	
Signed:	Date:
Signed:	Date:
I/we give permission for staff to seek medical advice and consent to staff taking my child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary.	
Signed:	Relationship to Child:
Date:	
Signed:	Relationship to Child:
Date:	
I give permission for _____ to be taken on outings.	
Signed:	Date:

I give permission for photographs to be taken of my child for the following purposes only:

1. Learning and Development Records
2. Display/Registration within Playgroup
3. Special Events (Christmas Show)
4. Media Coverage (newspaper/local beach news)

Signed _____ Date _____

I give permission for _____ to view and listen to different types of media that are related to the theme or topic within the setting.

Signed: _____ Date: _____

MEDICAL INFORMATION

Has your child had any serious illnesses or injuries that we should be aware of?

Does your child have any medical conditions at the present that we should be aware of? (Including hearing, speech, sight etc.)

Does your child suffer from any allergies? (please tick)	Yes:	No:
--	------	-----

If yes, which ones?

When did your child have his/her last immunisation/vaccinations and what were they?

What other information is it important for us to know about your child? (For example, what they like, or what fears they may have, any special words they use etc)

NAMES OF PROFESSIONALS INVOLVED WITH YOUR CHILD

Name:	Agency:
Role:	Telephone Number:
Name:	Agency:
Role:	Telephone Number:

Name:	Agency:
Role:	Telephone Number:

Do you have a health visitor (please tick)	Yes:	No:
If yes, please enter the name and address of the Health Visitor here:		
Telephone Number of Health Visitor:		
What is the reason for the involvement of Social Services with your family?		

Please could you let us know how your first find out about Waterbeach Toddler Playgroup

Website		Poster	
Personal Recommendation		Flyer	
First Foot Steps		Other Websites:	
Others (please specify):			

Please provide information on other people who you have given your consent for collecting your child at the end of the session if different from those already named on the form.

Please sign and date this form so that we can keep our records up to date. Thank you.

Signed:			
Relationship to Child:			
Print Name:			
Date:			