

FERRYFIELD PLAYGROUP
EARLY RISERS REGISTRATION FORM

Child's full name (Male/Female) Date of Birth

Address

..... Postcode

Telephone Mobile

Mother's Name Father's Name

Names of people authorised to collect child (other than parents)

..... Telephone

..... Telephone

EMERGENCY INFORMATION

Mother's workplace Telephone

Father's workplace..... Telephone

Relative/neighbour..... Telephone

Address

Name of child's GP Telephone

Is your child up-to-date with vaccinations?

Is there any information that would be in your child's interest for Playgroup to know? (e.g. regular medication, allergies, religious or dietary requirements) Please give details:

Does your child attend any other pre-school groups?.....

Please indicate the days you wish your child to attend

How did you hear about Ferryfield Early Risers?

PLEASE READ AND SIGN THE FOLLOWING, DELETING WHERE APPROPRIATE

* I do/do not give my consent for my child to have his/her photograph taken at Early Risers.

Signature Date

*I do/do not give my consent for my child to be taken on routine outings from Early Risers.

Signature Date

*I do/do not give my consent for emergency medical assistance to be sought for my child if I cannot be contacted.

Signature Date

*I have / have not read the Playgroup Sun Awareness Policy and give/do not give my consent for sunscreen to be applied to my child by the Playleaders.

Signature Date