

**FERRYFIELD PLAYGROUP  
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 .....

Would you be willing to help on the rota? Yes/no If so, which days? .....  
(Please see handbook regarding cover/charges)

Are there any other ways you would like to help in Playgroup? .....

How did you hear about Ferryfield? .....

**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 Playgroup.

Signature ..... Date .....

\*I do/do not give my consent for my child to be taken on routine outings from Playgroup

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 .....