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| **\*\*PLEASE COMPLETE A REGISTRATION FORM FOR EACH CHILD ATTENDING PLAYSCHEME\*\*** |
| YOU CAN EITHER PRINT OFF THIS FORM AND HAND IN TO CHANCTONBURY OR BROWNS LANE PRESCHOOLS OR SEND BY EMAIL TO : chanctonburypreschool@gmail.com |
| Surname of Child :  | First Name of Child :  |
| Name known by :  | Gender : Male / Female |
| Date of Birth :  |  |
| Name of Parent: |  |
| Address :  |
| Telephone: | Mobile :  |
| E mail address :  |
| Other contact numbers :  |
| **EMERGENCY CONTACT DETAILS:****Please provide at least 2 emergency contacts (these should be different from parent listed above)** |
| Name :  | Relationship to child :  |
| Telephone :  | Mobile : |
| Other telephone numbers : |
| Name :  | Relationship to child :  |
| Telephone :  | Mobile : |
| Other telephone numbers : |  |
| **COLLECTION DETAILS :****Please give details of any other persons authorised to collect the child (must be over 16 years)** |
| Name :  | Relationship to child :  |
| Telephone :  | Mobile : |
| Other telephone numbers : |  |
| Name :  | Relationship to child :  |
| Telephone :  | Mobile : |
| Other telephone numbers : |

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| **THINGS WE NEED TO KNOW ABOUT YOUR CHILD :**  |
| Does your child have any special dietary requirements? | YES / NO |
| If YES please give details here :  |
| **MEDICAL DETAILS :**  |  |
| GP Name :  | GP Surgery address and telephone number: |
| **DECLARATION: I give permission for staff to seek emergency treatment for my child if I cannot be contacted:** |
| NAME :  | SIGNATURE: |
| **MEDICAL HISTORY : Please give relevant details below** |
| **NB A separate form must be completed at the Preschool if you require staff to administer regular medication prescribed by your doctor for your child. Please discuss with staff.** |
| **ANY OTHER INFORMATION :** |
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| Name :  | Signature :  |