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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 :** | |
|  | |
| Name : | Signature : |