

Registration Form for Stepside Community Playgroup

Name of Child.....

Address.....

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Telephone Number(Home).....Mobile.....

Date of Birth..... Male/Female.....

Parents /Guardian Details

Mother's name.....

Father's Name.....

Other Contact authorized to collect child.....

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Medical Information

Doctor's Surgery

Telephone Number.....

Doctor's Name

Allergies and Illnesses (Nuts, Plasters, Milk etc)

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Are His/Her immunisations up to date? YES/NO

Medical Consent

I/We give permission for the above named child to be given emergency medical treatment if he/she requires it whilst in the care of Stepside Community Playgroup

Signature of Parent/Guardian.....