![MC900232107[1]]()Application form for Stepaside Community Playgroup

Please fill in this form and return to the playgroup or School Office if you wish to apply for a place at Playgroup. Sessions run from 12-3 each day and cost £7 per session.

**Name of Child**……………………………………………………………………………………………………………………………………

**Address**…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………..…

**Telephone Number(Home)** ………………………………………………  **Mobile** ……………………………………………

**Date of Birth**……………………………………………………. **Male/Female**………………………………………………………

**Parents /Guardian Details**

Mother’s name…………………………………………………………………………………………………………………………………….

Father’s Name……………………………………………………………………………………………………………………………………

**Other Contact authorized to collect child..**……………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………

Medical Information

Allergies and Illnesses (Nuts, Plasters, Milk etc) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Are his/her immunisations up to date? YES/NO

Number of sessions and days requested. (we will try our best to accommodate your request but this will depend on numbers)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

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 Stepaside Community Playgroup

Signature of Parent/Guardian…………………………………………………………………………………………………