

Playscheme Registration Form

Child's Name:	D.O.B	M/F
Home Address:		
Post Code:		

(1)Parent/Carer Name:	Relationship to child:
Home Address <i>(if different from above)</i> :	
Mobile ☎:	Home ☎:
Work☎ :	Email:

(2)Parent/Carer Name:	Relationship to child:
Home Address:	
Mobile ☎:	Home ☎:
Work☎ :	Email:

Please give details of any other person authorised to collect the child, or emergency contact::

(3)Parent/Carer Name:	Relationship to child:
Home Address:	
Mobile ☎:	Alternative ☎:

(3)Parent/Carer Name:	Relationship to child:
Home Address:	
Mobile ☎:	Alternative ☎:

IMPORTANT Please give details of any current Medical Information or Special/additional needs that your child has e.g.: medical conditions/ allergies/ dietary needs:
Any other useful information we should know:
Doctor's Name:
Doctor's Address:
Post Code:
☎:

Language spoken at home:

Please complete ethnicity form attached (Required by Council for monitoring of service)

Parent/Carer Signature:

Date:

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