St Devenick’s Rising 5’s – Registration Form

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| --- | --- |
| Child’s Details |  |
| Name: |  | Date of Birth |  |
| Address: |  | Gender | M / F |
|  |  |  |
|  |  | Nationality: |  |
| Postcode: |  | First Language: |  |
| Parent/Guardian Details | Parent/Guardian Details |
| Name: |  | Name: |  |
| Address |  | Address |  |
| *(If different*  |  | *(If different*  |  |
| *from above)* |  | *from above)* |  |
| Tel (Home) |  | Tel (Home) |  |
| Tel (Work) |  | Tel (Work) |  |
| Mobile: |  | Mobile: |  |
| Email:  |  | Email:  |  |
| *Please indicate which email address(es) you would like information sent to by ticking relevant box(es)* |
| Doctor’s Details | Emergency Contact Details (other than Guardian) |
| Name: |  | Name: |  |
| Address: |  | Relationship: |  |
|  |  | Address: |  |
|  |  |  |  |
|  |  |  |  |
| Tel: |  | Tel: |  |
| **Health Visitor Information** |
| Name |  | Tel: |  |
| Allergies /Dietary requirements/ Additional Needs |
| Details: |  |
|  |  |
| **Please give details of other Nurseries/Groups your child goes to, or will go to during their time at Playgroup:** |
|  |
| Where did you hear about us: Playgroup  Recommendation  Previous child  Website  Poster  Facebook  Word of Mouth  Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Preferred DaysTue  Thurs   | Preferred Start Date |
| I, having parental rights and responsibility towards the above named person understand that the above data is accurate. By signing this form I agree to the playgroups privacy policy and understand that it is my responsibility to inform the playgroup of any changes to the information I have provided. |
| Name | Relationship to child |
| Signature | Date |