



## Registration form

[www.eastingtonplaygroup.co.uk](http://www.eastingtonplaygroup.co.uk)  
[eastingtonplaygroup@eygloucestershire.co.uk](mailto:eastingtonplaygroup@eygloucestershire.co.uk)  
[eastingtonplaygroup@hotmail.com](mailto:eastingtonplaygroup@hotmail.com)

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Known as: \_\_\_\_\_ Gender: MALE / FEMALE

### Address where the child lives:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Names of parent(s) whom the child lives with:

Parent 1 Name: \_\_\_\_\_  
Parent 1 Mobile Number: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Parent 2 \_\_\_\_\_  
Parent 2 Mobile Telephone Number: \_\_\_\_\_  
Email address (if would like to receive newsletters separately): \_\_\_\_\_

### Address of parent with whom the child does not live (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which parent/s have parental responsibility?

\_\_\_\_\_

Which parent/s have legal access to the child?

\_\_\_\_\_

**Parent 1** Work/daytime contact number \_\_\_\_\_  
Occupation/place of work \_\_\_\_\_

**Parent 2** – Work/daytime contact number \_\_\_\_\_  
Occupation/place of work \_\_\_\_\_

### Persons authorised to collect the child (must be over 16 years of age):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Password** for authorisation to collect your child: \_\_\_\_\_

### Personal details of child:

Any health problems/allergies \_\_\_\_\_

(Please speak to your child's allocated key worker for medical administration forms if required)

Special dietary requirements \_\_\_\_\_

Ethnic origin and religion/language spoken \_\_\_\_\_

Does your child have any special needs or disabilities Yes/No

Details

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Name, address and telephone of health visitor:

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Name, address and telephone of doctor:

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Are there any other professionals involved with your child? (i.e. social services, speech and language)? **Yes/No**

If Yes please give details:

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Do we have your consent that if required, your child will be taken by staff to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary, on the understanding that I/we have been informed and are on our way to the hospital? **Yes/No**

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Do we have your consent to give calpol/piriton to your child in an emergency? **Yes/No**

Do we have your consent for outings/walks etc. outside the playgroup? **Yes/No**

Do we have your consent to apply sun cream provided by yourself? **Yes/No**

Do we have your consent to take photos of your child and display them within the setting/website/publicity/other children's learning journeys? **Yes/No**

Do we have your consent to take photos of your child to be included on Eastington Playgroups Facebook Page to publicise activities that the children have been interested in? **Yes/No**

Do we have your consent to take your child's learning journey home to update and plan for their interests? **Yes/No**

Do we have your consent for your child to use the internet for topic related programmes that are supervised by staff at all times? **Yes/No**

Do you give your consent for the staff of Eastington Playgroup to physically restrain your child to prevent them from harming themselves or other children? Staff will only do this when necessary and will inform you on the day when this happens. This consent is part of the new Early Years Foundation Stage Framework and in accordance with our updated behaviour policy. **Yes/No**

We have read the policies and procedures on our website. **Yes/No**

I also give Eastington Playgroup permission to liaise with other professionals of my child in respect of their development within the Early Years Foundation Stage in respect of their development within the Early Years Foundation Stage? **Yes/No**

Do we have your consent to hold the data on your child's registration form on our waiting list, pending their start? **Yes/No**

Do we have your consent for your child to use and have face paint/glitter tattoos applied? **Yes/No**

I would like to become a member of the committee? **Yes/No**

Are you able to help i.e. do a 'duty'? **Yes/No**

**Which days do you want your child to attend?**

Monday am/Monday pm

Tuesday am/Tuesday pm

Wednesday am/Wednesday pm

Thursday am/Thursday pm

**ALL SESSIONS ARE OPEN SUBJECT TO DEMAND AND WILL BE REVIEWED ON A TERMLY BASIS.**

**If you require support with completing this form please ask a member of staff.**

I understand that if my fees are not settled within the term, that they are due, that my child will be excluded from Playgroup if no pre-arrangement has been made.

**I have viewed the playgroup policies in particular the sharing information and fees policy and agree to abide by them.**

Signed by Parent 1 \_\_\_\_\_ Dated \_\_\_\_\_

Signed by Parent 2 \_\_\_\_\_ Dated \_\_\_\_\_

In order to cover the costs of **administration fees** – we request you forward a cheque payable to Eastington Playgroup for £10 in order to secure a place for your child. (Unless your child is in receipt of Government Funding in which this admin fee is not applicable).

**Please provide a copy of your child's birth certificate as evidence for claiming Government Nursery Vouchers.**

We reserve the right to refuse any child or any person at any time. Any queries please speak to a member of staff 07977 342 742.

Please return form to FAO: Michelle Papps, Eastington Playgroup, 32 Swallowcroft, Eastington Stonehouse, Glos GL10 3BH