



Reddingmuirhead Playgroup Application Form

Name:

Child's Preferred Name:

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Address:

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Home Tel No:

Mobile No:

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Email (this will be used to keep you up-to-date with news, events, minutes of meetings etc.):

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Date of Birth of child: Parent / Carer Names:

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Please give name, address, telephone no. and mobile no. of 2 emergency contacts:

Name :	Name :
Address:	Address:
Tel No:	Tel No:
Mobile No:	Mobile No:
Relationship:	Relationship:

Medical Details:

Doctors Name:

Address:

Tel No:

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Preferred Days of Attendance: *(please circle)*

Monday	Wednesday	Thursday	Friday
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Any Illnesses / Disabilities / Allergies: *(please include asthma, eczema and other skin conditions and/or food allergies)*

Special Needs:

Religion:

Names and Dates of Birth of any siblings:

There are a number of policies displayed in the cloakroom and in the policy folder on the signing in desk and we ask that you make yourself familiar with these policies and abide by their rules in order for the playgroup to run smoothly, safely and be enjoyable for all.

I hereby declare that all the information given is correct and agree to abide by and practise the rules and policies laid down within Playgroup.

Signed :

Date :

PLEASE NOTE THAT IT IS THE PARENT/CARER'S RESPONSIBILITY TO INFORM US OF ANY CHANGE TO PERSONAL DETAILS/EMERGENCY CONTACTS. IT IS IMPORTANT THAT WE HOLD UP TO DATE INFORMATION ON FILE.