



CASTLETON PLAYGROUP REGISTRATION FORM



Child's Full Name: Male/Female

Preferred Name of Child Date of Birth

Religion..... Ethnicity.....

Language Spoken at Home.....

Address

.....Postcode.....

PARENT/GUARDIAN DETAILS

1ST Contact Name

Relationship to Child

Address.....

Telephone no. Home Mobile.....

Email

2ND Contact Name

Relationship to Child

Address.....

Telephone no. Home..... Mobile.....

Email.....

Contact details of person authorized to collect your child and for use in emergencies

Name..... Telephone No.....

Name and Address of GP.....

.....Telephone no.

When sessions are allocated Parents and Supervisor will sign a **contract** designed to ensure the wishes of both parent and playgroup are met and the needs of the child are catered for.

I enclose a registration fee of £10.00 – Cheques payable to Castleton Playgroup.

Signature.....Date.....
(Parent/Guardian)