



Registration Form

Child's Full Name: Male/Female

Preferred Start Date: Date of Birth

Preferred Name of Child..... Religion.....

Ethnicity..... Language Spoken at Home.....

Address.....

..... Postcode.....

PARENT/GUARDIAN DETAILS

1ST Contact NameRelationship 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 pre-school 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)