



REGISTRATION FORM

Child's Details:

Surname:		Forenames(s):	
Address:		Date of Birth:	
		Current School:	
		Start Date at Play Works:	

Details of Main Contact(s):

Name of Main Contact:		Name of Secondary Contact:	
Address (if different from above):		Address (if different to Main Contact):	
Contact Telephone Nos.:		Contact Telephone Nos.:	
Home:		Home:	
Daytime:		Daytime:	
Mobile:		Mobile:	
E-mail:		E-mail:	

Alternative Contact(s):

Name:		Relationship to child:	
Contact Telephone Nos.:			
Home:		Daytime:	
		Mobile:	
Name:		Relationship to child:	
Contact Telephone Nos.:			
Home:		Daytime:	
		Mobile:	

Medical Information:

Please give details of any medical conditions:

Please give details of any allergies or major dislikes (i.e. foods or materials):

Please give details of any dietary requirements (a copy of Play Works Food Policy is available on request):

Child's Doctor's Details:

Name of Doctor:	Name of Surgery
Address:	Telephone No:

Other Information (specific requirements that you may need assistance with):

I agree to the Partners of 'Play Works' or their nominee to use plasters in the event of my child having a graze or cut: **Yes** **No**

I agree to the Partners of 'Play Works' or their nominee to sign any written form of consent required by the medical authorities for treatment, including the use of anaesthetics, where a delay in getting my signature is considered by the authorities to endanger my child's well-being: **Yes** **No**

Play Works uses photographs, taken during play activities, for evidence of good practice for Ofsted. Photographs may also be used to assist with staff training, for promotional purposes on leaflets, documentation and on the company website at www.playworks-manchester.co.uk, also on objects made by the children and, particularly in the pre-school, on development plans and progress reports which are presented to parents and carers. Agreement is given for the use of photographs for such purposes when registering your child with Play Works.

Signature: _____
Main Contact

Dated: _____