



# REGISTRATION FORM

| Child's Details:   |            |        |   |
|--------------------|------------|--------|---|
| Child's Full Name: |            |        | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address:           |            |        | Date of Birth:  |
|                    |            |        |   |
|                    | Post Code: |        |   |
| School:            |            | Class: | PW Start Date:  |

| Details of Main Contact[s]:                |            |  |                |
|--|------------|--|----------------|
| Main Contact:                              |            |  | Relationship:  |
| Address<br><i>(if different to above):</i> |            |  | Home Phone:    |
|  |            |  | Daytime Phone: |
|  | Post Code: |  | Mobile Phone:  |
|  | Email:     |  |                |

|  |            |  |                |
|--|------------|--|----------------|
| Secondary Contact:                         |            |  | Relationship:  |
| Address<br><i>(if different to above):</i> |            |  | Home Phone:    |
|  |            |  | Daytime Phone: |
|  | Post Code: |  | Mobile Phone:  |
|  | Email:     |  |                |

| Details of Other Contact[s]: |  |  |               |
|------------------------------|--|--|---------------|
| Name:                        |  |  | Home Phone:   |
| Relationship:                |  |  | Mobile Phone: |
| Name:                        |  |  | Home Phone:   |
| Relationship:                |  |  | Mobile Phone: |

| Persons authorised to collect your child ( <u>must</u> be at least 16 years of age): |  |  |               |
|--|--|--|---------------|
| Name:  |  |  | Relationship: |
| Name:  |  |  | Relationship: |
| Name:  |  |  | Relationship: |
| As an extra precaution anyone collecting your child should use a password            |  |  | Password:     |

**Child's Doctor's Details:**

|                         |  |            |            |  |
|-------------------------|--|------------|------------|--|
| Dr's Name:              |  |            | Telephone: |  |
| Surgery<br><br>Address: |  |            |            |  |
|                         |  |            |            |  |
|                         |  |            |            |  |
|                         |  | Post Code: |            |  |

**Health and Medical Details:**

Please give details of any medical conditions and/or long term medication used i.e. asthma/inhaler:

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|--|

Please give details of any allergies to foods, products or materials i.e. dairy products, nuts, plasters, sun cream etc.:

|  |
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Please give details of any dietary requirements i.e. vegetarian, cultural and religious etc. (Play Works Food Policy available on request):

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**Other Information:**

Please give details of any specific requirements that your child may need whilst in our care:

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|  |
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Agreement is given for Play Works 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   
*[Please be assured that in the event of an emergency every effort will be made to contact you].*

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 the company website at [www.playworks-manchester.co.uk](http://www.playworks-manchester.co.uk), on leaflets and in documentation and also on objects made by the children, particularly in the pre-school, on development plans and progress reports. Agreement is given for the use of photographs for such purposes when registering your child with Play Works.

I agreed to abide by the terms and conditions of the setting as set out in The Companies Policies and Procedures and The Contractual Agreement.

I confirm that the information given above is correct and promise to inform Play Works if any of the details change

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
 Main Contact