

Registration Form



All information recorded here is kept confidential and in line with GDPR guidelines. Our full Policy is available for review in setting or by email request.

Child's Personal Details:		Setting Name	
Full name			
Gender		Date of birth	____/____/____
Home address:		
Postcode:			

GPs Name	
Surgery Name:	
Address:
Telephone:	

Does your child have any Medical conditions?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	(briefly describe below)
.....			

Is your child currently taking and medication?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	(briefly describe below)
.....			

Does your child have any dietary requirements?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	(briefly describe below)
.....			

Does your child have any allergies?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	(briefly describe below)
.....			

I agree that a Child's Play At Ltd. member of staff may administer basic first aid? <i>(of which a written record will be kept)</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
---	-------------------------------	------------------------------

I agree that a Child's Play At Ltd. member of staff may sign any written form or consent required by hospital authorities if the delay in getting my signature is considered by the medical practitioner in attendance to endanger my child's health and safety?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
--	-------------------------------	------------------------------

Do you give permission for your child to be photographed/videoed for assessment and display purposes?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
---	-------------------------------	------------------------------

Do you give permission for your child to be photographed/videoed to be used on social media, marketing, external displays?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
--	-------------------------------	------------------------------

What language(s) is/are spoken at home?
.....

Childs ethnicity?
<input type="checkbox"/> White <input type="checkbox"/> Black/Black British <input type="checkbox"/> Asian/Asian British
<input type="checkbox"/> Mixed Ethnic Groups <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify below)
.....

Parents'/Carers' Details

Title	Mrs: <input type="checkbox"/>	Mr: <input type="checkbox"/>	Miss: <input type="checkbox"/>	Ms: <input type="checkbox"/>
Full name				
Relationship:				
Home address:	-----			
Home Tel:		Work Tel:		
Mobile Tel:				
Email Address:				
Does this parent have parental responsibility?				Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Emergency Contact?				Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Title	Mrs: <input type="checkbox"/>	Mr: <input type="checkbox"/>	Miss: <input type="checkbox"/>	Ms: <input type="checkbox"/>
Full name				
Relationship:				
Home address:	-----			
Home Tel:		Work Tel:		
Mobile Tel:				
Email Address:				
Does this parent have parental responsibility?				Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Emergency Contact?				Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Emergency Contacts

Title	Mrs: <input type="checkbox"/>	Mr: <input type="checkbox"/>	Miss: <input type="checkbox"/>	Ms: <input type="checkbox"/>
Full name				
Home address:	-----			
Home Tel:		Work Tel:		
Mobile Tel:				
Email Address:				

Title	Mrs: <input type="checkbox"/>	Mr: <input type="checkbox"/>	Miss: <input type="checkbox"/>	Ms: <input type="checkbox"/>
Full name				
Home address:	-----			
Home Tel:		Work Tel:		
Mobile Tel:				
Email Address:				

I confirm that all information in this form is correct.

I confirm it is my responsibility to inform Child's Play At Ltd. of any changes to the above information.

Signature: _____

Date: _____

Print Name: _____

Relationship to child: _____