

Play Registration Form

Registration details

Play centre: _____ **Date of registration:** _____

Child's name: _____ **Home address:** _____

Date of birth : _____ **Age:** _____

Gender (please circle): **Male** **Female** **Full postcode:** _____

School attended: _____ **Full name of parent/carer:** _____

Contact telephone numbers:
Home: _____ Work: _____ Mobile: _____

Ethnicity (Please circle):

This information is required in order to monitor Equal Opportunities Policy

Black African	Black Caribbean	Black Other	Moroccan
Indian	Pakistani	Bangladesh	Asian Other
Chinese	White (UK)	White (Irish)	White (Other)
White and Black Caribbean	White and Black African	White and Asian	Other Mixed

I do not wish to give this information (please circle): **Yes** **No** **Unspecified/please state:** _____

<p>Childcare charges I confirm that (Please circle):</p> <ul style="list-style-type: none"> • I pay childcare charges Yes No • I am in receipt of Income Based Job Seekers Allowance Yes No • I am in receipt of Income Support Yes No 	<p>Arrangements for collection I confirm that:</p> <ul style="list-style-type: none"> • My child will be collected by: person _____ time _____ • My child should make his/her own way home by: time _____
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Signature of parent/carer: _____

Medical health information:

Tutors will be informed of this information in order to make any arrangements for the young person to access the activity.

Indicate below if your child has an illness or injury which might affect them whilst attending the play centre (please circle): _____ **Please indicate if your child takes any medication:** _____

Special Educational Needs _____ Asthma _____

Diabetes _____ Epilepsy _____

Other: _____

** This does not indicate that we are taking responsibility for the giving of medicine, it is only for information regarding your child's ability to participate in the activities.*

Name of doctor: _____

Telephone No: _____

