WEST LOOE PLAYGROUP
The Old School Canteen
Downs Road
WEST LOOE
Cornwall PL13 2AR
Tel: 01503 265623
E-Mail: admin@westlooeplaygroup.co.uk
Reg. Charity 1029866

REGISTRATION FORM

GENERAL INFORMATION	
Child's Full Name	
Address	
Home Tel. No.	
Mobile Tel. Nos for emergencies	
E-Mail address	
Child's D.O.B.	
Parental Status	Married / Co-habiting / Single / Divorced
Mum's name	
Dad's name	
Parental responsibility	Do both parents have parental responsibility? See note[1] below. YES / NO If no, please state who has parental responsibility.
Brothers & Sisters & Ages	
Religious Denomination	

[1] For children born before 1 December 2003, unmarried fathers do not automatically have parental responsibility and therefore cannot sign key documents for their child. In these cases, fathers can obtain parental responsibility by marrying the mother of their child or by obtaining a parental responsibility order from the court.

For children born after 1 December 2003, the situation is different. Unmarried fathers have automatic parental responsibility if they are registered on the child's birth certificate. If not, they can obtain it by marrying the mother of their child or by obtaining a parental responsibility order from the court. If you require further help with this, please do not hesitate to speak to a member of staff.

ABOUT YOUR CHILD	
Does your child have any specific friends at playgroup?	
What is your child's favourite activity?	
Does your child have any particular dislikes or fears?	
Please list any other pre-schools or nurseries previously or currently attended.	
Which school are you hoping your child will attend?	
OTHER INFORMATION	
Please provide any other information which you feel may be relevant (medical information and contact numbers are requested on the following pages)	

Please note that all information contained on this form will remain confidential to the staff group at playgroup and discussions with other organisations (e.g. doctors, Health Visitors) will not take place without prior authorisation from the parent.

Please see also Confidentiality clause in Child Protection Policy.

Name in Capitals…….

Signed…….

Date……..

FOR PLAYGROUP USE ONLY

Date Child started playgroup ……

Relevant medical conditions discussed with parent……..

Date left playgroup……..
School attended after playgroup ……..

DECLARATIONS	
Parent Helper Information Sheet	I have read a copy of the Parent Helper Information Sheet. **YES / NO**
Parent Rota duties	Are there any days you are unable to undertake a parent rota duty? **YES / NO** If so, which days?
Emergency Medical Advice or Treatment	I give permission to allow the Playgroup staff to seek any necessary emergency medical advice or treatment as required. I give permission for a member of staff to take/accompany my child to the Doctor/Hospital in case of emergency treatment being required whilst attending the Playgroup. **YES / NO**
Photographs	I agree to photos being taken of my child for the purpose of Ofsted and am guaranteed that there will be no mention of his/her name. **YES / NO**
Sunscreen	I give permission to allow the Playgroup staff to apply sunscreen on my child when appropriate. **YES / NO**
Outings	On occasions Playgroup take the children on walks and outings, in accordance with our policy it is necessary for us to obtain written permission from Parents / Guardians. We are required to have a ratio of 1 adult to 2 children and rely on Parents to volunteer to make up the shortfall. With this in mind, we ask you to keep an eye on the notices on the door and volunteer if you can spare the time.
Prospectus	I declare that I have read and returned the policies and prospectus and have had my questions answered. **YES / NO**
Key Worker	Your child will be allocated Key Worker, the name of whom will be notified to your after the start of term and I understand that I can change Key worker or end the observations being taken at any time. **YES / NO**
Parking	I confirm I have read the FAQs on the website. **YES / NO**
Progress Reports	Please note you are entitled to discuss your child's targets and progress with their keyworker at any time and how we can work together to achieve their potential. Please make an appointment if and when you feel this is necessary.
Fair Processing Notice	I confirm I have read the Fair Processing Notice on the website. **YES / NO**

MEDICAL INFORMATION	
Name & address of Health Visitor	
Name & Address of Paediatrician – if applicable	
Name & Address of Social Worker – if applicable	
Are your child's vaccinations up to date?	
Does your child have a special diet?	
Does your child have any allergies?	
Does your child have a particular medical condition or special needs, e.g. speech, hearing etc. we should be aware of?	
If yes, please describe condition and give details of relevant symptoms, what constitutes an emergency and the action to be taken.	
Does your child have any medication which needs to be administered whilst at playgroup?	Please provide clear instructions on how to administer the medication.

CONTACT INFORMATION

	NAME	TEL.NO.
Please list the names and mobile/ tel. nos. of the people authorised to collect your child.		