



**Charlton Playgroup, Charlton Memorial Hall, Charlton,
Banbury, Oxon, OX17 3DL**

Tel: 01295 812909 Email: info@charltonplaygroup.co.uk

www.charltonplaygroup.co.uk

Charity Number 1034974

Registration Form

Date Started:

1. Childs Details:

Name of Child:

Date of Birth:

Name of Mother:

Occupation of Mother:

Name of Father:

Occupation of Father:

Address (with postcode)

Telephone Number:

Ethnic Origin:

Religion:

Language:

2. Emergencies/ Medical Records

Emergency Contact

(name & telephone
number)

Childs Doctor

(name & telephone
number)

Please give details of any allergies your child may have, and details of any medication required by your child.

Is there anything you would like the supervisor to know about your child?

3. Sessions

Please circle your choice of Morning sessions:

MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY

Please circle your choice of Afternoon sessions:

MONDAY / TUESDAY / WEDNESDAY/ THURSDAY / FRIDAY

Please circle which days you would like your child to stay for lunch between 11.30 and 12.30.
MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY

4. General Questions

1. Are you available to help us on the parent rota for up to two sessions a term?
2. Are you happy for us to keep confidential records of your child's details, activities and progress?
3. Are you happy for us to take your child for occasional supervised walks?
4. Are you happy for your child to play on the fenced outside play equipment?
5. Are you happy for photographs to be taken of your child for use in the setting?
6. Are you happy for photographs to be taken of your child for use in local press articles?
7. We would like to send out all future correspondence by email if you are happy to be included please go to our website and subscribe to our newsletter.
8. We would also like to use a text message service to inform you of current information. If you would like to be included in this service please complete the mobile contact details below

I agree for my mobile number to be saved on the playgroup mobile and used to contact me for playgroup information. The mobile will be held and used by the playgroup chair at their home address only!

Mobile Numbers:.....

Signed:..... Date:.....

5. Parent / Guardian Statement

I give my permission for my child to have any emergency treatment that may be necessary during a playgroup / pre-school session in my absence.

I have provided the Manager with a copy of my child's birth certificate and utility bill not more than 3 months old to confirm current address.

Please note that a registration fee of £15.00 should be included with this form (cheques payable to Charlton Playgroup). This fee will guarantee you a place at the playgroup with sessions agreed with the supervisor. It also includes a prospectus and playgroup sweatshirt.

Name of parent with parental responsibility:

Names of anyone else with Legal Access:

Signature:

Date:

Print Name: