

Redwood Pre-School
PLAY SCHEME REGISTRATION FORM

Child's Name _____ **Date of Birth** _____

Name of Parents / Carers _____

Name of Person(s) with Legal Parental Responsibility _____

Home Address _____

_____ **Postcode** _____

Telephone : Home _____ **Work** _____
Mobile _____ **Pager** _____

Name(s) of person(s) authorised to collect your child (must be over 14 years of age and a responsible person) _____

Family Doctor _____ Telephone _____

Child's First Language _____ Other _____

Child's Ethnicity _____ Religion/Beliefs _____

Contact In Emergency – Please provide the details of at least one person who is NOT mum or dad

Name _____ **Relationship to Child** _____

Telephone : Home _____ **Work** _____ **Mobile** _____

Name _____ **Relationship to Child** _____

Telephone : Home _____ **Work** _____ **Mobile** _____

Does your child have any allergies (e.g. asthma, eczema, hay fever) or other medical concern we should be aware of? _____

Does your child have any special dietary requirements (e.g. vegetarian, food allergies, foods which may not be eaten for religious reasons)? _____

Does your child have any other special requirements or needs? _____

Any other relevant information that you think will help us to settle your child in at the play scheme? _____

Which drink would you prefer your child to have at snack times? (please circle) Orange squash (no added sugar) Milk Water

Thank you for your time in filling in this form. We look forward to welcoming your family at Redwood Pre-School play scheme.