

# Island House Pre-school Playgroup Registration Form



## Child's Details

First Name ..... Surname .....

Date of Birth ...../...../..... Male  Female

Address .....

Town/City ..... Post code .....

## First Language

English  Bengali  Chinese  French  German  Spanish

Portuguese  Romanian  Other  Please specify.....

## Religion or Belief

No Religion  Christian  Muslim  Jewish  Hindu

Sikh  Buddhist  Other  Please specify .....

Allergy Information Yes  No  If yes please specify.....

## Parent/s Details

Parent 1 First Name ..... Surname .....

Contact telephone number .....

Parent 2 First Name ..... Surname .....

Contact telephone number if different from above .....

## Doctors Details

GP Name .....

Address ..... Post code .....

Contact telephone number .....

## Emergency - Persons to be contacted other than child's parents in case of an emergency

1. First Name ..... Surname .....

Contact telephone number .....

2. First Name ..... Surname .....

Contact telephone number .....

I am willing to help if required Yes  No

I am willing to help on the committee Yes  No

**Consent** - I give consent for my child to be taken out as part of your curriculum e.g. park, walks, farm etc

I agree to abide by the parents contract

Parents signature .....