



VICHARLES PLAY CENTRE

Name Child: Mother: Father:		FOR OFFICIAL USE ONLY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Deposit Paid</td> <td></td> </tr> <tr> <td>Date</td> <td></td> </tr> <tr> <td>Reg. Fee Paid</td> <td></td> </tr> <tr> <td>Date</td> <td></td> </tr> </table>	Deposit Paid		Date		Reg. Fee Paid		Date	
Deposit Paid										
Date										
Reg. Fee Paid										
Date										
Date of Birth Child: Mother: Father:	Religion Child: Mother: Father:	Ethnic Origin Child: Mother: Father:								
Child's First Language:	Child's Position In Family:	Child's Gender: Male/Female								
Home Address Tel. No E-mail:		Profession Mother: Father:								
Name of Mother/Carer: Work Address:		Name of Father/Carer: Work Address:								
Tel. No.: Mobile No.:		Tel. No.: Mobile No.:								
Who Holds Parental Responsibility:										

In an emergency, please contact:

Name	Relationship to Child	Contact Number

People authorised to pick up your child:

Name	Relationship to Child	Contact Number



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Child's National Health Number:	
Important Medical Conditions (e.g. Allergies):	Record of Previous immunisations & infectious diseases:
Child's Doctor Information Name: Address: Telephone Number:	
Child's Health Visitor Information: Name: Contact Number:	Other Agencies Involved: e.g. Speech & Language Therapist Name: Contact Number:

Collection Arrangements (Please tick) I will collect my child Yes___ No___

My child will be collected by _____

Emergencies: In an emergency, staff will try to contact the parent(s)/carer(s) through the emergency numbers given on this form. Should nobody be available, our staff will act on your behalf until you are contactable.

Please state any illnesses your child has _____

Please give details of any allergies your child has _____

SPECIAL/PARTICULAR NEEDS

Does your child have any particular or special needs? If so please give details. No _____

Yes _____



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Does your child or family have an attached social worker? If so please give the name of the social worker. No _____ Yes _____

ACTIVITIES/OUTINGS

I give my consent for my child to attend outings/trips arranged by the Centre. Yes _____ No _____

Please indicate any activities in which you do not wish your child to take part in

I HAVE READ AND AGREE TO ABIDE BY THE CONDITIONS DETAILED IN THE CENTRE GUIDE

SIGNED _____

NAME _____

DATE _____