

St Nicolas Playgroup Registration Form

Childs Name		Known as		Date of Birth	
1st Parent/Carer		Telephone No.	2nd Parent/Carer		Telephone No.
Name		Home	Name		Home
Address		Work	Address		Work
		Mobile			Mobile
Relationship to Child			Relationship to Child		
Do you have Parental Responsibility ?			Do you have Parental responsibility?		
Do you have Legal Contact?			Do you have Legal Contact?		
Do you have Social Care involved with the family?			Do you have Social Care involved with the family?		
Family Doctor		Is Your Child Immunised against: MMR			
Name		Triple Vaccine			
Surgery		Whooping Cough			
Phone Number		Individual immunisations			
Does your child have any allergies		Does you child have any medical problems/special needs			
Please Specify		Please Specify			
Previous Connection with the group		None		Medical or Social grounds	
Please Specify				None	
Member Of Taplow Parish		Childs Religion			
Do we have your permission to seek Emergency Medical Advice and Treatment for your Child					
Childminder Name and Contact no.					
Name			Relationship to Child		
Signature			Date		
Email					