

Ladybirds Playgroup Registration form

All information is kept private and confidential.

Childs name:.....D.O.B.....

Address.....

.....

.....Postcode.....

Telephone number

Alternative contact number/mobile numbers

.....

Doctor's name address and phone number.....

.....

Health visitors name and number.....

Emergency contact numbers

(3 people who can collect your child if you are unavailable)

1.....

2.....

3.....

Has your child been immunised against:

HIB.....Whooping cough..... Meningitis C.....Diphtheria..... Tetanus.....

Measles..... Mumps.....Rubella.....

Does your child have any allergies? Please state

..... (continue over leaf if needed.)

Does your child suffer from **Epilepsy.....Asthma.....Diabeties..... Hayfever.....Other.....**

Does your child have any special needs or requirements e.g. Religion, Cultural, diet, health*

.....

(please feel free to discuss this with the supervisor in confidence.)*

Please write any other information that may be relevent to your child over the page, ie family history etc.

Does your child attend other settings/groups?

.....

When would you like you child to start Ladybirds ?

.....

Please indicate which sessions you would like your child to attend

Monday..... Wednesday.....

Friday.....

Would you like to join our parent rota **yes/no**

(there is no obligation but we would welcome your help)

Would you like to join our committee? **yes/no**

Signed..... Date.....