



KATZ

Playgroup & Crèche

REGISTRATION FORM 2011



Child's name:			D O B:
			Age:
Address:			Tel. no:
			Mobile:
School			
Parent/carers name(s):			
Address(es):			
Telephone numbers:	Home:	Home:	
	Mobile:	Mobile:	
	Work:	Work:	
Place(s) of work			
In the event of an emergency, and you cannot be contacted, please give us the details of another two contacts			
Name:	1	2	
Relationship:			
Address:			
Tel. no:			
Name(s) of any other child(ren) registered	Names	Ages	
Please write down any medical details which are relevant i.e. allergies, food allergies or medication:			
Name of child's doctor			Address
Tel. no:			
Who will collect your child from the playgroup:			
Who do you NOT wish to collect your child:			

KATZ Playgroup & Crèche

CONSENT FORM

Please delete where applicable and sign **every** section

I do/do not give my consent for my child to be taken on small outings and walks from Katz.

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Parent/Guardian

I do/do not give my consent for emergency medical assistance to be sought for my child.

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Parent/Guardian

I do/do not give my consent for my child to have plasters applied when necessary.

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Parent/Guardian

I do/do not give my consent for my child to have face paints applied.

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Parent/Guardian

I have been given a copy of the information letter, illness policy, child protection policy and pricing policy. I have read these and agree to abide by the rules and regulations contained within them.

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Parent/Guardian

I give/do not give permission for photographs of my child/children.

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Parent/Guardian

(Taken during the crèche sessions to be used in publicity and promotion of the KATZ crèche and the Averon Leisure Centre website.)

I do/do not give my consent for my child to have the club's sun cream applied during days we are outdoors.

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Parent/Guardian