

Child's Play Montessori School Registration Form

Child's Details

Name of Child:			Date of Birth:	
Address:				
Days Attending Child's Play Montessori School (please tick):				
Monday 🗆	Tuesday 🛛	Wednesday 🛛	Thursday 🗆	Friday 🗆
Date First Attended:		Date Ceased	d Attending:	

Contact Information

Mother's Name:	Father's Name:	Carer's Name:		
Mother's Daytime Address:	Father's Daytime Address:	Carer's Daytime Address:		
Daytime Tel No:	Daytime Tel No:			
Primary Contact in Case of Emerger	ncy if Parent/Carers are Unavailable:			
Daytime Tel No:				
Relationship to Child:				
Other Persons Authorised to Collect	Child:			
Family Doctor:				
Tel No & Address:				

Has the above named child any:

Illness	Disability	Allergies	Fears	Sight, Hearing, Speech Impairment □
If you have answered yes to any of the above, please give details of special care required:				

Immunisation Record

Please write yes or no if the above named child has been immunised against the following & enter date of immunisation:

	MMR	Diptheria	Tetanus	Whooping Cough	Hib	Polio	Tuberculosis	Meningitis
Yes/No								
Date								

Additional Information

Name of Brothers, Sisters, Pets:				
Any other relevant information:				
Consent for Photographs/Videos:				
I give permission for my child to be photographed/videoed with the playgroup:				
□ Yes □ No				
Consent for Appropriate Medical Treatment:				
I give permission for my child to receive appropriate medical treatment in the event of an emergency:				
□ Yes □ No				
Signed:	Date:			