**A logo with kids with face paint

Description automatically generated**

Moss Hall Play Centre, Moss Hall Infant School, Moss Hall Grove, London N12 8PE

Tel: 07731669002, Email: enquiries@mosshallplaycentre.co.uk

# Registration Form

|  |  |  |
| --- | --- | --- |
| Class Name/Year |  | |
| Male | | Female |

# Please tick the box below with the days you wish for your child to attend

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Start date | M | T | W | H | F |
|  |  |  |  |  |  |

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# **Child’s Details**

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | What name do they like to be called: |
| Date of birth and current age: | First language: | Name of key person: (Play Centre to fill in) |

**Parent/Guardian details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | First name: | | Surname: | | Title: | First name: | | Surname | |
| Home address: | | | | | Home address (if different): | | | | |
| Does this child normally live at this address? Yes / No | | | | | Does this child normally live at this address? Yes / No | | | | |
| Work address: | | | | | Work address: | | | | |
| Home number: | | Mobile number: | | Work number: | Home number: | | Mobile number: | | Work number: |
| Email address: | | | | | Email address: | | | | |
| Does this person have parental responsibility? Yes / No | | | | | Does this person have parental responsibility? Yes / No | | | | |
| Does anyone else have parental responsibility for this child? Yes / No  (If yes, please provide details on separate sheet.) | | | | | | | | | |
| Name/s of any Siblings already attending the After School Club: | | | | | | | | | |

# Who will be collecting my child/children from Play Centre:

# Emergency Contact Details (please provide details of two people we can contact if we are unable to get in contact with you)

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

# Child’s Doctor

|  |  |
| --- | --- |
| Name of Doctor: | |
| Address: | Telephone |

**Any allergies or dietary requirements:**

* I give permission for my child to receive emergency medical treatment if necessary Yes/No
* Does your child carry any specific medication for any conditions they may suffer from e.g. asthma or epilepsy

Yes/No

Please give details if you have ticked yes

……………………………………………………………………………………………………………………………………………………………

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**About your child**

|  |
| --- |
| Please detail any additional/special needs your child has: (please provide full details) |
| Please detail any dietary requirements / food allergies for your child: (please provide full details) |
| Is there anything your child doesn’t like (food, games etc) or is scared of? |
| What are your child’s favourite activities? |

**Signature of Parent/Carer: …………………………………………………… Date: ………………………………..**

***All information will be kept confidential in line with our Data Protection Policy and our Privacy Notice.***

**Please return completed form by hand directly to the Playcentre Manager or**

**email enquiries@mosshallplaycentre.co.uk**