

ATHOL ROAD PLAYGROUP REGISTRATION FORM



DATE OF ENROLMENT _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN'S NAME: _____ AGE: _____ SEX: Female Male

ADDRESS: _____

TELEPHONE: _____ LANGUAGE SPOKEN AT HOME: _____

MEDICAL INFORMATION:

Does your child suffer from a medical condition of which staff need to be aware? If yes, please provide details.

ALLERGIES	YES	NO	MEDICAL ALLERGIES/MEDICINES?	YES	NO
ASTHMA	YES	NO	ASTHMA TREATMENT	YES	NO
What does your child like doing?			What special celebrations does your family normal celebrate?		

INFORMATION ABOUT YOU

MEDICAL INFORMATION:

Do you suffer from any medical condition of which staff need to be aware? If yes, please provide details.

Emergency contact: _____	What are your special skills or interests?	<input type="checkbox"/> Dancing	<input type="checkbox"/> Singing
Next of Kin: _____		<input type="checkbox"/> Reading	<input type="checkbox"/> Craft
Relationship: _____		<input type="checkbox"/> Sport	<input type="checkbox"/> Cooking
Contact Number: _____		<input type="checkbox"/> Other	

Would you be willing to help run playgroup activities? YES NO

Signed: _____ Parent/Guardian

The information on this form is for Athol Road Primary School Playgroup reference and emergency use only and, under confidentiality laws will not, under any circumstances, be disclosed to unauthorised personnel.