Scallywags

**REGISTRATION FORM**

## Child's Name.... .. ... ... ... ... ... .. .... ... ... ... ... ... ... ... ... .. .. ...... .. Child's Date Of Birth... .... .. ... ... ... ... .... .. . ... .

###  (Birth Certificate required on registration)

 Religion/Ethnic background:

#### WHITE: British / Irish /Traveler of Irish Heritage/ Gypsy/Romany/Any other White background

MIXED: White & Black Caribbean / White & Black African / White and Asian / Any other mixed background

ASIAN/ASIAN BRITISH: Indian/ Pakistani/ Bangladeshi/ Any other Asian background

Home Address.... .. ... .... .... ..... ......... ... ... ......... ...... ... ............ .... ... ... .................................................................

Post Code ..... .... .. ....... ...... ...... ... ...... ... .. ......... ...................................................................................................

E-mail Address... ........ .... ... .... ... .. ...... ... ..... ..... .......... .........................................................................................

Mothers Name………………………………………………………………………………………………………………………

Date of Birth…………………………………………………………………………………………………………………………

Mobile Number………………………………………………………………………………………………………………………

Mothers Occupation...... ..... .... .... ........... ........ ........ .............. NI NO. ................... . .. ........ ...... ... ..... ..... ... ...

Mother's address (if different from above) ... ... ... ... ........... .. .. ........ .... ........................................................................

Father's Name.... ... ........ ..... ............ .. .. .. ............. ................................................................................................

Date of Birth……………………………………………………………………………………………………………………

Mobile Number……………………………………………………………...... .................. .... ..... ....... .. ....... ... ........ .

Fathers Occupation .... ..... ...... ...... ... ........... ... ... ........ .... ... ... NI NO .... .... ........ . ... ................ .... .. .. ...... ..........

Father's address (if different from above) ………………………………………………………………………………….

Name of Parent/s with whom the child lives............................................. ................................................ ..

Does this Parent have parental responsibility Yes/No Does this parent have legal contact Yes/No

Name of Parent with who the child does NOT live………………………………………………………………………….

Does this parent have parental responsibility Yes/No Does this parent have legal contact Yes/No

Emergency contact name's & number ………………………………………………………………………………………..

Person’s name and contact number authorized to collect the child **(must be aged over 16 years)**

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

Please note we only offer the children healthy drinks of milk or water please indicate below your child's preference. My child does/ does not like milk - My child does/ *does* not like water

### If you require any assistance with completing this form, please ask a member of Staff who will gladly help you.

We are required to seek parental permission on several important issues, you are, therefore

requested to complete each box, should you not wish to give permission please put a line through the box and sign by crossing to confirm.

|  |
| --- |
| I hereby give permission for you to seek any necessary emergency medical advice or treatment in the future.Name & Signature Date |
| I hereby give permission for you to administer medication as instructed by parent/carer and following medical procedures as outlined in our policies.Name & Signature Date |
| I hereby give permission for my child to be photographed at play for the playgroup, website, and our closed Facebook page.Name & Signature Date |
| I hereby give permission to join the parents WhatsApp group.Name & Signature Date  |
| I hereby give permission for my child to have sun cream applied when needed using Scallywags sun cream.Name & Signature Date |

Does your child have any additional needs/disabilities/use any additional languages other than English?

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 Does your child have any significant distinguishing marks?…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...

Does your child have any allergies?………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Doctor... ................................................................... Telephone …………………………………………

Is there an EHA (Early Help Assessment) in place? YES NO

Does the child have a social worker? YES NO

If yes, please give name and contact number ………………………………………………………………………………………………………………………………….

Signed...... ................. ........ ................ ... Dated………………………………………

Florence Street Methodist Church HaIl, Florence Street, Hednesford, WS12 4BA, Email: scallywags2017@outlook.com Telephone 01543 877112