



Application Form

Child's Name:		
Date of Birth:		
Address :		
Home Telephone No:	Mobile Telephone No:	Work Telephone No:
Parent or Guardians' Names:		
Email Address*:		
Emergency Contact Name & Telephone No:		
Doctors Name, Address & Telephone No:		
Health Visitor Name, Address & Telephone No:		
Up to date vaccinations? Yes / No	Is your child allergic to plasters? Yes / No	Drink preference? Milk / Water
What sessions would you like your child to attend? (please circle your choices) pm sessions for Rising 5's only		
Monday am pm	Tuesday am	Wednesday am pm
Thursday am	Friday am	
Food is offered at snack time each session. Any likes or dislikes?		
Health Problems/Allergies		
Childs favourite toy or interest		
Please sign that you are aware of the Playgroup's policies and procedures and that they can be viewed on the website www.doveridgeplaygroup.co.uk/policies or a hard copy in our foyer.		
Print Name		
Signature		
Date		

*We will use your email address to send regular newsletters and information about your child. Please ensure you provide us with all email addresses you want us to use.



Permissions

Childs Name	
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1. Photographs

Playgroup would like to take photographs of your child during sessions, both on and off the premises. We have our own website and from time-to-time we would like to update pictures which show children participating in group activities. We may also wish to share pictures in our Closed Facebook Group (only parents/carers, staff and the committee have access) and may use photographs for press releases as part our Public Relations (PR).

Photographs are widely used in the online learning journey application 'Tapestry'. Due to the nature of children's play, your child's photograph may appear on their friends Tapestry and you may see pictures of your child's friends on your Tapestry.

We ask all parents and carers not to publish any of their child's observations or photographs from Tapestry onto social media as this may put other children at risk. You should ensure you keep the Tapestry login details safe and secure.

A agree for Photographs to be used for:	Yes / No
Tapestry online learning journey	
Playgroup website	
Playgroup closed Facebook page	
Press releases	

I sign to state I have read and understood the above guidelines:

Print Name	
Signature and Date	

2. Emergency Treatment

In the unlikely event of an accident, I hereby give my permission for the above named child to receive emergency treatment by the trained First Aider on duty and/or emergency procedures to be followed e.g. staff to telephone for an ambulance in my absence or to drive my child in a staff vehicle for emergency treatment. I realise I will be contacted as soon as possible, failing that my 'Emergency Contact' named on my application form will be notified.

Print Name	
Signature and Date	



3. Passing on Information

I hereby give my permission for information about the above named child to be passed onto another setting (e.g. If your child moves to another setting, or progresses onto school) or outside agencies (e.g. Health visitors, Speech and Language Therapists).

Print Name	
Signature	
Date	

Parental Responsibility

We are required to distinguish between who has parental responsibility and who has legal rights to collect your child. If your circumstances change please inform us as soon as possible to enable to keep our records up to date.

Parental Responsibility	
Legal Contact	

All information will be kept strictly confidential.

Collecting Your Child

We require you to set up a password that you would give to anyone collecting your child. This allows us to verify them, if we are not familiar with them collecting your child.

Password	
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Please pass a signed copy of this document to the Playgroup Manager.