



Application Form/Agreement Between Parent(s) & The Spring Playgroup

Child's Name:		Date of Birth:	Child's Ethnic Group:
Address:			Home Telephone No:
Post Code:	E-mail:		
Parent's Names:		Parent's Emergency Telephone No(s): (Please provide as many as possible in the order they should be used)*	
Family Password:			
Name of alternative Emergency Contact(s): Please provide as many as possible in the order they should be used. It is essential that at least two emergency contact numbers are provided which may include parents' emergency numbers, but mobile number alone is not acceptable			
Name(s) and contact number(s) of any other persons who may collect the child: <i>NB. No child can be allowed to leave with anyone whose details are not on this form unless the permission book is signed in advance by a parent/guardian for each occasion.</i>			
Details of any known allergies/illnesses:		Name and telephone number of Family Doctor:	
Details of any regular medication:		Names and ages of any brothers or sisters:	
During your child's stay at Playgroup, your child is observed and their development recorded, which is a Statutory Requirement for the Early Years Foundation Stage. Do you give permission for your child's Keyworker to take your child's folder home when they need to work on it? Yes [] No []		I give consent for The Spring Playgroup & Preschool to send a copy of my child's Baseline/Progress report to their Health Visitor for the 2 years 6 months check, & any other checks that are needed (a copy will also be given to me) Yes [] No []	
Do you plan to keep your child at The Spring Playgroup for their Pre-School Year: Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>		Name of School your child will be attending:	
		Copy of Birth Cert. Taken (to be dated & initialled by Playgroup Staff).	
Who has Parental Responsibility for this child? please speak to a member of Playgroup staff before completing this section.		Which other people have Legal Contact with this child? please speak to a member of Playgroup staff before completing this section.	

- I accept the places offered to my child at the Spring Playgroup.
- I understand that:
 - at least one week's notice of termination of this agreement should be given by either side;
 - while we will make every effort to change sessions at your request, we cannot guarantee it;
 - Playgroup cannot normally care for sick children;
 - no fees are payable but we request a voluntary contribution of £1 per week towards consumables.
- I agree that:
 - the playgroup leader may take responsibility for any required action if my child becomes ill or has an accident during the course of a session and I cannot be contacted;
 - my child may/may not be photographed during Playgroup activities.
- I confirm that I have read and/or am satisfied that I understand Playgroup's policies and procedures to my own satisfaction.
- I have received and read a copy of the Fair Processing Notice (Data Protection Act 1998).
- I have produced/shown my child's Birth Certificate.

Signed:.....Parent/Guardian

Signed:.....Playgroup Supervisor

Dated:.....

Dated:.....