



# St Francis Pre-School Playgroup

Application Form

**PLEASE COMPLETE IN BLOCK CAPITALS**

Name of pupil.....

Name of parent(s).....

Address .....

Postcode.....

Telephone.....

**Emergency contact 1**

Name .....

Telephone .....

**Emergency contact 2**

Name .....

Telephone .....

Childs Date Of Birth ...../...../.....

Religion.....

Dietary requirements.....

**Consent for records to be maintained**

I give permission for records and photographs of my child to be kept for development purposes at playgroup.

I.....confirm that any photographs/video footage taken at playgroup or on any outings of other children will NOT be put on the Internet or any website without the express permission of the parents of the child/children involved (this is due to the requirements of the Data Protection Act).

Parents signature.....

Date.....

Please print name.....

**Please provide your child's birth certificate which we will photocopy and keep on record.**

**PLEASE INFORM US IMMEDIATELY IF ANY OF THESE DETAILS OR PERSONAL CIRCUMSTANCES CHANGE WHICH COULD HAVE AN EFFECT ON YOUR CHILD.**



# St Francis Pre-School Playgroup

## Health Form

**PLEASE COMPLETE IN BLOCK CAPITALS**

*This form is confidential and will only be seen by the Supervisor and Assistant Supervisors*

Doctor Name.....

Practice Address.....

Postcode.....

Practice Telephone Number.....

**Medical History (please circle appropriate response)**

Immunisation...	Tetanus	Yes / No
	MMR	Yes / No

Has your child had...	Measles	Yes / No
	Chickenpox	Yes / No
	Mumps	Yes / No
	Asthma	Yes / No
	Eczema	Yes / No
	Concussion	Yes / No
	Nose bleeds	Yes / No
	Fits / Convulsions	Yes / No
	Allergies	Yes / No
Food Allergies	Yes / No	

Please give details of any other medical details that we should be aware of .....

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**Consent for treatment**

***If in an emergency it becomes necessary for medical treatment to be given and contact can not be made with a parent by telephone or other means, consent is given for an authorised member of staff to sign any document required by a doctor or hospital authority.  
I give consent for staff to contact the health visitor should there be any concerns.***

Parents / Carer signature .....

Date ...../...../.....

Please print name .....

**PLEASE INFORM US IMMEDIATELY IF ANY OF THE ABOVE DETAILS CHANGE**