

Play Scheme Registration Form

Child(s) Information

Name: _____ Date of Birth: ____/____/____

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Parent/Guardian's Information

Parent/Guardian 1:

Name: _____ Relation to Child: _____

Parent/Guardian 2:

Name: _____ Relation to Child: _____

Contact Details

Address: _____

_____ Post Code: _____

Contact number: _____ (Landline)

_____ (Mobile)

Email address: _____

Do you wish to receive email updates on future play schemes? Yes No

Medical Information

Any known illnesses: _____

Is your Child/Children currently taking any medication? Yes No

Name of Child/Children: _____

Medication: _____

As the Parent/Guardian of the above Child/Children, do you authorise that they can be given emergency treatment if necessary? Yes No

Sign Name: _____

Print Name: _____ Date: ____/____/____