



Playgroup REGISTRATION

Child's details (please use BLOCK LETTERS)

Family name / surname Gender: Male Female
Given name Preferred name Date of birth
Address

Postal Address (if different from above)

Relevant Medical Information (eg allergies, special requirements)

Person to contact in the case of an emergency

Name Relationship to child

Address

Contact Number

Family Doctor Contact Number

Does the child speak a language other than English at home? (If more than one language, indicate the one that is spoken most often) No, English only Yes, other please specify

Family details (please use BLOCK LETTERS)

Parent Names:

Address: (if different to the above)

Contact Numbers

Email Address:

Name of parent who will be attending Playground

The child lives with: both parents Mother Father Other

Is there any court order (pending) or agreement in relation to this Child?

No Yes (Please attach relevant documentation of the order)

