

# Registration form

Name: \_\_\_\_\_ School: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Parent name: \_\_\_\_\_ Email address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Land line: \_\_\_\_\_

My child can only be collected by the following people:  
\_\_\_\_\_

## Emergency contacts:

### **1<sup>st</sup> contact:**

### **2<sup>nd</sup> contact**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Landline: \_\_\_\_\_ Land line: \_\_\_\_\_

## Medical information

Allergies/dietary requirements: \_\_\_\_\_

Medication taken: \_\_\_\_\_

SEN/Disabilities: \_\_\_\_\_

Illness/other information: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

**I would like my child to attend the following days. Please circle:-**

**Mondays**

**Tuesdays**

**Wednesdays**

**Thursdays**

**Fridays**

I agree to report any injuries that have occurred outside of the play centres hours to the play team by email or text before they attend the next play session. \_\_\_\_\_

**Please fill in both sides and return this form to  
the play team**

# Consent form

I (print name) \_\_\_\_\_ give consent for my child (print name)  
\_\_\_\_\_ to take part in the following activities involving:-

Creams/nail polish                      YES.....NO.....

Water based face paint                YES.....NO.....

Water play                                YES.....NO..... (We will let you know if the children need a change of  
clothes and a towel)

Off-site trips                              YES.....NO..... (We will always let you know about our trips but may  
spontaneously go to the local park)

## Photo & Video

Have photos of them displayed in play centre                      YES.....NO.....

Use photos on the P3 Play web site/publications                YES.....NO.....

Video images on the P3 Play web site/publications              YES.....NO.....

I agree that images of my child may be displayed alongside details of their name, age and  
play centre YES.....NO.....

I authorise the use of these images without compensation to me. All negatives and prints  
shall be the property of P3.

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Date:- \_\_\_\_\_

Signature of parent/carer:- \_\_\_\_\_