

ELBWO

PLAYSCHEME REGISTRATION FORM

All children who attend ELBWO's Playscheme must be registered. Please help us by filling in this form. A worker will be happy to assist you if you have any questions.

Name of Child:	
Address:	
Date of Birth:	
Name of Parent/Carer:	
Tel No: Home: Work: Emergency Number:	
Ethnic Origin:	
Male/Female:	
First Language of Child and Carers:	
School Attended:	
Name of Doctor: Address: Tel No:	
Name(s) of people who are authorised to collect your child.	

Is there anything your child should not eat or drink?	
Does your child suffer from any allergies, illnesses, or epilepsy?	
Please give details of recent immunisations	
Is your child taking any medication? If yes, please specify. If you would like the playworkers to keep this medication in a locked place, you must fill in a medication consent form. Please ask the workers for this form.	
Is there any other information that you would like to tell us about your child's special needs, likes/dislikes or behaviour?	

SIGNED
PARENT/CARER _____ **DATE:** _____

FEES:

Payments should be made on a Monday or Friday to the Play Co-Ordinator one week in advance. If you are making payment by cheque, this must be accompanied by a cheque guarantee card. Please let us know in advance if you are unable to pay your weekly fees, we will then do our best to negotiate payment. **Failure to do so will result in the provision for your child/children being withdrawn immediately.**