

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:

1st contact:

2nd 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.

Date:- _____

Signature of parent/carer:- _____