

**JESSE GRAY PLAY SERVICES**

Tel: 0115 9748029  
playservices@ga.jessegray.notts.sch.uk

**CHILD INFORMATION/REGISTRATION FORM**

To be completed by the parent/guardian with parental responsibility and handed to the Play Services Manager.

CHILD'S NAME:..... DATE OF BIRTH:.....

ADDRESS:.....

..... POST CODE:.....

EMAIL: .....

CHILDS CLASS:.....

PASSWORD (Optional): .....  
(To be used when other persons are collecting your child/children)

**PARENT(S)/GUARDIAN(S)** or person(s) with parental responsibility:

Name: 1..... 2.....

Relationship: ..... .....

Address: ..... .....

(If different from above) ..... .....

Tel. No.: ..... .....

Mobile No: ..... .....

Work Tel. No: ..... .....

**EMERGENCY CONTACTS** (other than previously named):  
**ALL PERSONS COLLECTING MUST BE OVER THE AGE OF 16**

These people will also be able to collect your children without addition consent from you.

Name: 1..... 2.....

Tel. No: ..... .....

Please name bellow any other person(s) who you authorise to collect your child without written consent.

Name: 1..... 2.....

Tel No: ..... .....

**SESSIONS REQUIRED:**

Please circle which sessions you require:

Breakfast Club	Mon	Tues	Wed	Thurs	Fri
After School Club	Mon	Tues	Wed	Thurs	Fri

Required Start Date: .....

**We will write to you once a place becomes available. Please contact us at any time for an update of your position on the waiting list as we will not generally contact you if there is not a place available by the required start date.**

**DISABILITY:** I consider one or more of the following applies to my child:  
(please tick)

Learning Impairment....	Speech Impairment....	Hearing Impairment ....
Visual Impairment....	Physical Disability....	Mental Illness ....
None ....		

Is the child registered disabled?      NO      YES      REG NO:.....

**FIRST LANGUAGE:**.....

**HEALTH:**

Child's Doctor:.....      Tel.No:.....

Practice Name:.....

To be used in the case of an emergency only.

Any special diet, allergies, health problems or anything else the staff should know about the child.

Any prescribed medication (including dosage.) If so please request an additional medication form.

**IMPORTANT!**

I give permission for a member of staff to obtain urgent treatment, which may include surgery recommended by a Doctor or Dentist to proceed without delay for an acute condition or alleviation of pain.

Signed:.....      Date:.....  
(Parent/Guardian or person with Parental responsibility)  
Print Name.....

From time to time we like to take photographs of the children at our Clubs for display purposes. Please sign below if you are willing for your child to have their photo displayed on our notice boards. They will be used for no other purposes.

Signed.....      Date.....  
(Parent/ Guardian or person with parental responsibility)  
Print Name.....