



# Playgroup and Activity Center

## Registration form

Please complete all of the information below – we need all this information before we can offer your child a place at Lollipop House.

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

**FAMILY NAME**..... **NATIONALITY**.....

**HOME ADDRESS**.....

.....

**TEL NO**..... **MOBILE**.....

**EMAIL ADDRESS**.....

**WORK ADDRESS**.....

..... **TEL NO**.....

**EMERGENCY CONTACT** - Who should we contact first in case of emergency?

**Name**..... **TEL NO**.....

### HEALTH DETAILS OF CHILD

Any allergies.....Impaired Vision/Hearing.....

General Health.....Is your child still in nappies?.....

Language your child speaks at home.....

Which activities would you like your child to attend? (Include day and time)

.....

.....

Any other relevant information

.....

.....

**DATE** ..... **PARENT'S SIGNATURE**.....