



Members Application Form

Full Name (Young Person)	
--------------------------	--

Parent/Guardian Name:	
Address:	
Post code:	
Email address:	

Age:	
Date of birth:	

Telephone number:	
Mobile number:	

Emergency contacts:

Please could we have the name and address of two emergency contact people?

Name	Address	Telephone number

Health:

Please use this space let us know about any illness or previous treatment that you feel that it is important for us to know? Please ensure that you include all medications that your child needs to take.

Diet:

Please let us know about any dietary needs that you feel that we should be aware of?

Disabilities:

Do you have a disability? Yes / No

Declaration:

Health

In the unlikely event of an accident or an emergency situation please agree to the consent below for your child to receive medical attention.		
I agree to my child receiving first aid	Parent signature	Date
I agree to my child receiving medical assistance	Parent signature	Date
I disagree to my child receiving first aid	Parent signature	Date
I disagree to my child receiving medical assistance	Parent signature	Date

Outings

Outings and trips give children the opportunity to learn about the wider world and their environment. On occasions we may take the children out to the park or local shops.		
I do not wish my son/daughter to participate in outings that are held outside of the pre-school	Parent signature	Date
I am happy for my son/daughter to participate in outings that are held outside of the pre-school	Parent signature	Date

Media

We take photographs/video of the children for advertising and marketing through the internet and social media sites such as www.playplace.org, Facebook, Twitter.

Please sign in the boxes to give consent for your child

Photographs displayed at the setting	Parent signature	Date
Photo's/video posted on Facebook	Parent signature	Date
Photo's/video posted on Twitter	Parent signature	Date
Photos/video posted on Play Place Website	Parent signature	Date
I give consent for Play place to inform me and send me information through email and communication systems	Parent signature	Date
Parents email address-to access child's information	Email address	

White British		White Irish		White Irish/Traveller		White- Roma	
White Other		Mixed-White/Black Caribbean		Mixed-White/Black African		Mixed-White/Asian	
Mixed-Other		Asian/Asian British-Indian		Asian/Asian British-Pakistani		Asian/Asian British-Bangladeshi	
Asian/Asian British-Other		Black/Black British-Caribbean		Black/Black British-African		Black/Black British-Other	
Chinese		Any other					

Play Place policies are a working document that safeguard families who use our provision. Policies are available at all times for parents to read, these can also be found online at: www.playplace.org