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Charity No.1053436  
PATA No. D019P  
OFSTED No. EY239574

## **PLAYGROUP APPLICATION FORM**

Today's Date ..... Date child starts primary school .....

Child's full name .....(girl/boy)

Date of birth ..... Age .....

Address of child .....

.....Postcode ..... Telephone .....

Name of person(s) who have legal parental responsibility \*.....

Address (if different from above) .....

Telephone (if different from above) ..... Mobile .....

Email address .....

Name of any additional person(s) who have legal contact with the child; and their relationship with the child \*\*

.....

### Others in Family:

Name:	Age:	Relationship (siblings)
.....	.....	.....
.....	.....	.....

### Ethnic Origin (please tick):

Black Afro Caribbean ..... Black Asian ..... White ..... Other .....

Home language(s): (it may be helpful to know which languages are spoken and written in the home if translation would help communication with parents, languages spoken by the child should also be recorded here: .....

Family Religion .....

Any medical procedure forbidden by family religion .....

.....

Name and address of Doctor .....

.....

\* This is usually the parents of the child and will be the names provided at the registration of birth and recorded on the birth certificate. However in any other cases i.e adoption, we will ask to take a copy of the certificate to prove legal responsibility for the child's records.

\*\*This is in the case that additional person(s) have legal contact, i.e. step-parents. A certificate to prove legal contact or written permission from the parents will be required.

Details of allergies (including plasters), medical conditions, feeding difficulties, dietary restrictions or preferences, or other ways in which the child may need help from a member of staff:

.....

**Any current medication** .....

History of infectious diseases and immunizations including tetanus

.....

Other professionals involved with family, e.g. Health Visitor, Social Worker (name, job title and telephone no.)

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Emergency contacts (give two other than parents, and where possible they could collect the child quickly if necessary)

Name:                      Address:                      Telephone:                      Relationship to child

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Names of any other persons whom you have authorized to collect your child on a regular basis e.g. Childminder's name & contact details . (Please also tell the person in charge of any additional special arrangements you may have made on any specific day)

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I give permission for my child to be taken to a local library, park or playground during the session:

(please tick) YES ..... NO .....

I give permission for staff to apply suntan lotion (please supply named lotion in hot weather) YES ..... NO.....

I give permission for my child to be included in photographs during activities (please tick) YES ..... NO.....

(Photos may be used for advertising/promotional material and on our website)

I give permission for emergency treatment of my child by a Doctor/ambulance/hospital as necessary

(please tick) YES ..... NO .....

Please indicate which sessions you would prefer your child to attend (please tick):

	9.00 am – 12 noon	9.00 am – 1 pm	9.00 am – 2.45 pm	12 noon – 2.45 pm
Monday				
Tuesday				
Wednesday Rising 5's only*	X	X		X
Thursday				
Friday				

**Signed** ..... **(Person with legal parental responsibility)**

\* Wednesdays are reserved for children starting school in the next academic year; enabling the activities to be focussed on preparing the older children for school and therefore we require they attend for the full day.