ACORN'S

PLAYGROUP REGISTRATION FORM.

(Please complete in block capitals.)

Name…….....(child) **Date of Birth……..**

Name…….....(of parent or guardian)

Address…….....

Home phone no…….. **Work phone no…….....**

(FOR CONTACT DURING PLAYSCHOOL HOURS.)

Medical Details.

Doctors Name…….....

Address…….....Phone no……

Please provide details of any illness or allergy suffered by pre-school child.
(Include details of any special care needed.)

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Record of Immunizations.

BCG.	Diphtheria.	Whooping Cough.	Polio.	HIB.	MMR.	Meningitis.	Tetanus.

In the event of an emergency I give permission to the staff present to call for medical assistance and to give appropriate medication if needed until assistance arrives. (high temp, or Febrile convulsion.)etc.

Signed:…….....

Authorization for Collection.
(If child is to be collected by person's other than parent please provide detail's)

Name of authorized person…….....Phone no……
Address…….....

Name of authorized person…….....Phone no……
Address…….....

Signed:……..... **Date:……..**

Start Date……....
Cease Date:……..