

FLEETVILLE COMMUNITY PLAYGROUP



REGISTRATION FORM

Date of registration:		Start Date (mm/yy): (1 st term after 2½ yrs)	
Name of Child:		Sex:	Male / Female
Date of Birth:		Nationality:	
First Language:		Religion:	
Brothers and Sisters: (please include ages)			
Special requirements: (physical, dietary, other)			
Names of Parents/ Guardians:		Parental Responsibility:	Y/N
Address:			
Postcode:			
Email Address: (We will use this to contact you about Playgroup updates only)			
Telephone – Mobile: (your emergency contact No)		Telephone – Other:	
I understand Daily Sessions are paid termly, at the start of each term, by either cash, cheque, or bank transfer. Childcare Vouchers are accepted. Payment is due within two weeks of the start of term. If no payment is made by half term, my child will not be eligible to return the following term.		Please sign or initial:	
I would be willing to help on the parent rota once every half term:		Yes / No	
Do you have any concerns about your child's development?		Yes / No	
Has your child ever been known to Social Services?		Yes / No	
Please email us in confidence with more information, or speak to us in person.			
We encourage you to drop the registration form off in person so we know that you feel comfortable with our setting before we add your child/children to our waiting list. Please include your registration fee £15 with this form or by bank transfer. Fleetville Community Playgroup, Sort Code: 60-18-11 Acct Number: 17112710 Include your child's name as a reference. The registration fee is not refundable.		Deposit Paid	Date
		Cash	
		Chq	
		BACS	
PLEASE NOTE: A deposit equal to two weeks' fees will be charged when parents/guardians accept a firm offer of a place, redeemable against the child's final fee invoice. If you do not take up the place having formally accepted it, the deposit will be forfeited.			