

Strandtown Baptist Church  
Clonallon Court  
Belfast  
Telephone 07766740375



## Registration Form

Child's Full Name: \_\_\_\_\_

Male:  Female:  Parent Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's First Name & Surname: \_\_\_\_\_

Father's First Name & Surname: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Who has parental responsibility: \_\_\_\_\_

Number of children in Family: \_\_\_\_\_

Child's place in Family: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Health Visitor's Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Health - is the child affected by any of the following: (*tick as appropriate*)

Asthma     Eczema     Allergy (specify) \_\_\_\_\_

Speech Problems     Special dietary requirements \_\_\_\_\_

Immunisations (*tick as appropriate*)

Polio     Diphtheria     Tetanus     Whooping cough     MMR

PLEASE TICK 2 OR MORE DAYS YOU WISH YOUR CHILD TO ATTEND PLAYGROUP

Mon     Tues     Wed     Thurs     Fri

Morning Session    ( 8.50am - 11.50am )

# Noah's Ark Playgroup Emergency Contact Form

**Child's Full Name:** \_\_\_\_\_

## 1st contact

Name: \_\_\_\_\_

Daytime Address: \_\_\_\_\_

Tel no/mobile: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## 2nd contact

Name: \_\_\_\_\_

Daytime Address: \_\_\_\_\_

Tel no/mobile: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## 3rd contact

Name: \_\_\_\_\_

Daytime Address: \_\_\_\_\_

Tel no/mobile: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## 4th contact

Name: \_\_\_\_\_

Daytime Address: \_\_\_\_\_

Tel no/mobile: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**It is your responsibility to inform the playgroup of any changes in stated details**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian