

The Spring Playgroup and Preschool



tel: 01926 864443

Registered Charity Number 1076506

Registered Charity No: 1076506 ~ Supervisor: Mrs Jacqueline Cross Board of Trustees: Please ask for details
 Postal Address: 13 Arthur Street, Kenilworth, CV8 2HF; Telephone: 01926 864443 e-mail: thespringplaygroup@msn.com

Application Form/Agreement Between Parent(s) & The Spring Playgroup

Child's Name:		Date of Birth:	Childs Ethnic Group:
Address:			Home Telephone No:
Post Code:	E-mail:		
Parent's Names:		Parent's Emergency Telephone No(s): (Please provide as many as possible in the order they should be used)*	
Name of alternative Emergency Contact(s): Please provide as many as possible in the order they should be used. It is essential that at least two emergency contact numbers are provided which may include parents' emergency numbers, but mobile number alone is not acceptable			
Name(s) and contact number(s) of any other persons who may collect the child: NB. No child can be allowed to leave with anyone whose details are not on this form unless the permission book is signed in advance by a parent/guardian for each occasion.			
Details of any known allergies/illnesses:*		Details of any regular medication:*	
Name and Tel No of Family Doctor:		Names and ages of any brothers or sisters:	
Do you plan to keep your child at The Spring Playgroup for their Pre-School Year: Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>		Name of School your child will be attending:	
Parental Rights		Date of Birth Seen	

*Please continue overleaf as necessary.

1. I accept the places offered to my child at the Spring Playgroup.
2. I understand that:
 - at least one week's notice of termination of this agreement should be given by either side;
 - while we will make every effort to change sessions at your request, we cannot guarantee it;
 - Playgroup cannot normally care for sick children;
 - no fees are payable but we request a voluntary contribution of £1 per week towards consumable materials.
3. I agree that:
 - the playgroup leader may take responsibility for any required action if my child becomes ill or has an accident during the course of a session and I cannot be contacted;
 - my child may/may not be photographed during Playgroup activities.
4. I confirm that I have read and/or am satisfied that I understand Playgroup's policies and procedures to my own satisfaction.
5. I have received and read a copy of the Fair Processing Notice (Data Protection Act 1998).
6. I have produced/shown ID confirming my child's Date of Birth (passport, birth certificate, child benefit card)

Signature..... Parent/Guardian

Date.....

Signature..... Supervisor

Date.....

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Special Arrangements applying to the agreement between the Spring Playgroup and the
 Parent/guardian of

To be signed and dated on completion by parent/guardian and Playgroup Supervisor.

To be completed by a member of staff at The Spring Playgroup Only: (For official use only)

Introduction Date:..... **Start Date:**.....

Sessions agreed:

	Mon	Tues	Wed	Thur	Fri
Morning Sessions					
Afternoon Sessions					

(all agreements are subject to change)

Any Other Comments:

Signature..... Parent/Guardian

Date.....

Signature..... Supervisor

Date.....