



Stay and Play Registration Form

Child's full name

Child's date of birth

Address

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Primary contact.....

Contact number.....

Emergency contact number.....

Relationship to child

Doctors Name and Address.....

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Are there any medical conditions or allergies you would like the group Leader to be aware of

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I have read and understood the Stay and Play Policy and Procedures.

I do / do not (delete as appropriate) give permission for taking photographs of my child to be used for the pre-school website and/or Facebook and/or media such as local newspapers for the promotion/advertising of the group/pre-school.

If you would like to receive newsletters from Lowick and Holy Island C of E First Schools, please provide your email address:

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Signature of parent/carer.....Date

Print name

Data Protection Declaration; The information on this form will be stored and used in accordance with the Data Protection Act 1998. The information will not be used for any other purpose than stated.