**c/o St Luke’s CEVA Primary School, St Crispin Drive, Duston, Northampton NN5 4BL Tel: 07749 202184**

The 1989 Children’s Act came into force on 14th October 1991 and requires playgroups to keep detailed records on the children in their care.

**THERE IS A £10.00 REGISTRATION FEE TO SECURE A PLACE ON THE WAITING LIST**

 **Child’s Full Name …………………………………………………………………………………………………………**

 **Address ………………………………………………………………………………………………………….**

 **…………………………………………………………………………………………………………**

 **Date of Birth …………………………………………………… Gender …………………………………….**

 **Racial Origin ………………………………………………………………………………………………………….**

 **Religion ………………………………………………………………………………………………………….**

 **Language ………………………………………………………………………………………………………….**

 **Parents/Guardians Names ………………………………………………………………………………………………………….**

 **Telephone Number ………………………………………………………………………………………………………….**

 **Emergency Contact Name ………………………………………………………………………………………………………….**

 **Telephone Number ………………………………………………………………………………………………………….**

 **Doctor’s Name, Address & ………………………………………………………………………………………………………….**

 **Telephone Number**

 **………………………………………………………………………………………………………….**

**Brothers/Sisters Names**

**and Date of Birth Has your child been immunised against:**

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

 **Whooping cough Y/N Tetanus Y/N**

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

 **Diphtheria Y/N MMR Y/N**

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

Noah’s Ark Playgroup

 Noah’s Ark Playgroup (Duston, Northampton) registered charity number 1124340

 **Polio Y/N Meningitis Y/N**

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

 **Other Y/N**

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Is there any reason your child**

**cannot drink milk? ------------------------------------------------------------------------------------------------------------------------------**

**Does your child attend**

**another Playgroup/Nursery? ------------------------------------------------------------------------------------------------------------------------------**

**Is there any other information you think we should**

**know about your child, eg recurring nosebleeds,**

**epilepsy, food allergies, other allergies, asthma, etc? --------------------------------------------------------------------------------------------**

**Please indicate which sessions your child requires:**

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

 **MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

 **am** **Y/N Y/N Y/N Y/N Y/N**

 **pm Y/N Y/N Y/N Y/N Y/N**

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------**