

**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:**

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

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

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Noah’s Ark Playgroup

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

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

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**Other Y/N**

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**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:**

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**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**

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