



Play Place Registration Form

Staplehurst Summer Scheme 2024

Child's Details

Child's First Name		
Child's Middle Names		
Child's Surname		
Child known as		
Date of birth		Age:
Address where child lives		
Postcode		

Child's Health

Doctor's Name	
Doctor's Address	
Doctor's telephone number	
Social Worker Name	
Social Worker contact detail	
Health/medical professionals supporting your family	
Please list all inoculations that your child has had.	
Medical conditions or needs	
Dietary requirements or conditions	
Known allergies or reactions	



Parent information

Parent 1

Parent name	
Relationship to the child	
Parent 1 home address	
Home telephone number	
Mobile phone number	
Email address	
Workplace address	
Workplace telephone number	
Workplace email address	

Parent 2

Parent Name	
Relationship to the child	
Parent 2 home address	
Home telephone number	
Mobile phone number	
Email address	
Workplace address	
Workplace telephone number	
Workplace email address	



Responsibilities

Who has legal parental responsibility	
Who does the child live with	
Who will regularly collect your child from the setting	
Can your child go home unaccompanied	

Childminder/other childcare provision Name	
Address	
Telephone number	

Education

Name of school child attends		
School year		

Emergency contacts

TWO emergency contacts are required who live locally, who we can release your child to in an emergency.

Name	Address	Telephone number	Relationship to your child	Security password

Heritage

Child's nationality	
Child's religion	
Languages spoken at home	
Festivals celebrated	

White British		White Irish		White Irish/Traveller		White-Roma	
White Other		Mixed-White/Black Caribbean		Mixed-White/Black African		Mixed-White/Asian	
Mixed-Other		Asian/Asian British-Indian		Asian/Asian British-Pakistani		Asian/Asian British-Bangladeshi	
Asian/Asian British-Other		Black/Black British-Caribbean		Black/Black British-African		Black/Black British-Other	
Chinese		Any other		Has a registered disability			

Optional: Please indicate on the grid above which of the ethnicity/disability categories relates to your child. We request this information for statistical purposes only and will handle information will not allow any third party to identify your child.

Anything else we should know about your child



Please indicate the sessions you would like your child to attend:

Week 1: Monday 29th July : open/registration morning 11am-12pm

Tuesday 30th July – Friday 2nd Aug (9 am- 12pm)

Week 2: Monday 5th Aug – Friday 9th Aug 9am -12pm and 12pm-3pm (2 sessions)

Week 3: Monday 12th Aug - Friday 16th Aug 9am-12pm and 12pm-3pm (2 sessions)

Sessions	Monday		Tuesday		Wednesday		Thursday		Friday	
Week: Mon 29 th July	Registration 11am-12pm									
Week: Mon 5 th Aug	am	Pm	am	pm	am	pm	am	pm	am	pm
Week: Mon 12 th Aug	am	Pm	am	pm	am	pm	am	pm	am	pm

Total number of sessions.....for(child name)

Cost per session: Pre bookable slots available at £6 per session up to 12th July.

(Please note bookings will not be taken after this and will be on a first come first served basis during the summer scheme). £7 per session for bookings taken during the programme.

I declare the information I have given is true and correct	
Childs name	
Parent name & Signature	
Date	

Please send completed application forms and payment to:

Staplehurst@playplace.org

Online Banking:

Play Place Childcare Services LTD

Account Number: 12471909

Sort Code: 600248

Reference: Please use your child's name to reference payment.

Receipt of moneys and a confirmation letter will be sent to you via email.

For further information please contact the team on 07951000135 or email staplehurst@playplace.org.