



Play Place Application Form

Setting name	
Start date	
Keyworker	

Child's Details

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

Heritage

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

Child's Health

Doctor's Name	
Doctor's Address	
Doctor's telephone number	
Health visitor Name	
Health visitor /Clinic details	
Social Worker Name	
Social Worker contact detail	

Please list all inoculations that your child has had.	
Medical conditions or needs	
Dietary requirements or conditions	
Known allergies or reactions	

Parent 1 Information

Parent Name	
Relationship to the child	
Parent's home address	
Home telephone number	
Mobile phone number	
Email address	
Workplace address	
Workplace telephone number	
Workplace email address	
National Insurance number	
Benefits/funding/vouchers	
Nationality	

Parent 2 Information

Parent Name	
Relationship to the child	
Parent's home address	
Home telephone number	
Mobile phone number	
Email address	
Workplace address	

Workplace telephone number	
Workplace email address	
National Insurance number	
Benefits/funding/vouchers	
Nationality	

Responsibilities

Who has parental responsibility	
Who does the child live with	
Who will regularly collect your child from the setting	

Childminder/other childcare provision & Address	
Telephone number	

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 for collection	Consent to share emergency contact information with Play Place

Marketing

How did you hear about us	
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Any other information	
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I declare the information I have given is true and correct	Parent signature	Date
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