

# Happy Faces Playgroup

Charity No. 1029688

## APPLICATION AND REGISTRATION FORM

Any change to the information provided on this form must be notified in writing

### Child's details

Surname: ..... Gender: M / F

First name(s): ..... Date of birth: .....

*(As part of our registration process, please enclose a photocopy of the child's birth certificate with application)*

### Family details

Parent/carer name: .....

Relationship to child: .....

Does this person have parental responsibility for the child? YES / NO

Full address including post code: .....

Telephone number(s): Landline ..... Mobile .....

E-mail address: .....

Name and address of person responsible for payment (if different from above) .....

**Other emergency contacts:**

Name	.....
Telephone number	.....
Relationship to child	.....
Name	.....
Telephone number	.....
Relationship to child	.....

Vaccination dates: *(please do not send in form until these dates are available)*

5-in-1 (DTaP/IPV/Hib) – diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza type b (Hib)	} at 2 months .....	} at 3 months .....
Pneumococcal (PCV), Rotavirus	at 2 months .....	
Meningitis C, Rotavirus	at 3 months .....	
Pneumococcal (PCV)	at 4 months .....	
Hib/Men C booster, MMR, Pneumococcal	at 12 months .....	

Ongoing medical conditions and relevant information: .....

G.P. name, address and telephone number: .....

Can the child be taken on local outings (i.e. to the park, shop or post office): YES / NO

When would you like the child to start at the playgroup? ..... / ..... (month/year)

Any other special information/arrangements (including any special needs, allergies, etc.):

.....  
.....

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**Please note the following important information:**

- \* When this form is received by the playgroup, the application will be acknowledged, confirming that the child has been placed on the playgroup's waiting list for the appropriate or requested commencement date.
- \* When the child is due to start at the playgroup, an offer of available sessions will be sent, along with the playgroup's Terms and Conditions.
- \* Once a place has been accepted at the playgroup, the child's allocated key person will be in contact to arrange a stay and play session, where additional information will be available and further documentation will be completed for the playgroup's records.

SIGNED: .....  
(Parent/Carer)

SIGNED: .....  
(Playgroup)

DATE: .....

DATE: .....

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***For administration purposes only:***

Acknowledgement sent: ..... Provisional start date: .....

Offer sent: ..... Proposed start date: .....

Acceptance received: ..... Confirmed start date: .....

Copy of child's birth certificate received  Admin. Fee received

Signed Terms & Conditions received  Confirmation sent

**PASSWORD (to be completed by key person at parent visit)**

*This password will be requested from any person collecting the child, in the event that any authorised person(s) are unable to do so*

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## DATA CONSENT FORM

**CHILD'S NAME:** .....

**DATE OF BIRTH:** .....

Do you give consent to be contacted with regard to all aspects of the child's registration with Happy Faces Playgroup? YES / NO

Do you give consent for Happy Faces Playgroup to contact you regarding marketing and events after the child has left the setting? YES / NO

### Use of Data and Personal Information

**Any data and personal information collected will be regarded as confidential and will only be used for processing the child's application and in connection with their ongoing registration with Happy Faces Playgroup.**

**Data and personal information will be collected, stored and used in accordance with the principles of the General Data Protection Regulations (GDPR) (2018) and in line with the setting's relevant Policies and Procedures.**

**Data and/or personal information may be shared with relevant professionals and/or agencies in line with the setting's Policies and Procedures.**

**You have the right to withdraw this consent at any time.**

*Further information can be found in the setting's Privacy Notice.*

**PARENT/CARER NAME:** .....

**SIGNATURE:** .....

**DATE:** .....

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