



# St John's Stay & Play

## Registration Form

Name of Child..... Date of Birth.....

Address.....

..... Post Code.....

Home Telephone Number..... Mobile.....

Name of Parent / Carer.....

Relationship to Child.....

Does your child have any medical needs or disabilities? ( Y / N ) If yes please give details of condition and medication prescribed. Please include details of any known allergies in this section.

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### Emergency Contact Details

Name..... Telephone No. ....

Address.....

Signed (Parent / Carer)..... Print.....

Date .....

