

## BCRD Playgroup Registration Form

**This is a registration form only. Once accepted you will be contacted.**

Child's Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name child prefers to be called \_\_\_\_\_

Child's Address \_\_\_\_\_

\_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_

List any medical conditions or needs your child may have \_\_\_\_\_

\_\_\_\_\_

List any Allergies \_\_\_\_\_

Does your child already attend a playgroup? \_\_\_\_\_

Parent/Guardian Information:

Mother/Guardian Name \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Name of person bring child if not parent \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contacts:

1<sup>st</sup> Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

2<sup>nd</sup> Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_