**Application Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Childs Name : | | | | Boy / Girl (Circle) | |
| Date of Birth (dd/mm/yyyy) | Nationality | | | | |
| Language(s) Spoken at home | | | | |
| Address | | | | | |
| City | | | Post code | |  |
| Mothers name | | | Telephone | |  |
| Fathers name | | | Telephone | |  |
| Alternative Adult /Guardian to contact | | | Telephone | |  |
| E-mail address(s) | |  | | | |

**Starting at Daisy Chain:** When would you like your child to start (a date after your child is 2 years old)

Day / Date:

We have sessions on Monday, Thursday and Friday from 0900-1200 and on

Tuesday from 1130-1400 **(currently undersubscribed so not being held)**

**Mon (a.m.) Thu (a.m.) Fri (a.m.)** Tue **(p.m.) (suspended for now, undersubscribed)**

Please **circle** the sessions you would like. We will try to match your needs.

|  |  |
| --- | --- |
| **Medical Records**  (a medical form will be sent to you once your child has a place confirmation) | |
| Is your child up-to-date with vaccinations? If **NO** please give details. |  |
| Does your child have any medical requirements? If **YES**, please give details. |  |
| Does your child have any allergies? If **YES**, please give details. |  |
| **Note** that a failure to disclose medical requirements could result in a reallocation of your sessions. | |

**Agreement:** I have read the informational brochure and agree to the terms of the Daisy Chain Playgroup and in accordance with these apply to enrol my child.

I have paid the enrolment fee of 30 Euros into the following account:

IBAN NL13INGB0006898717 Daisy Chain Playgroup, Den Haag

Signature Date

Please return the completed form to our email: [admindaisychain@gmail.com](mailto:admindaisychain@gmail.com)

**How did you hear about Daisy Chain? Web Page Friend Organisation Fact Sheet Other**