



Daisy Chain Playgroup

Riouwstraat 2c

2585HA Den Haag

## Daisy Chain Playgroup Application Form

[admindaisychain@gmail.com](mailto:admindaisychain@gmail.com)

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

City: \_\_\_\_\_

Boy/Girl: \_\_\_\_\_

Mother's name & telephone number: \_\_\_\_\_

Partner's name & work telephone number (for emergencies): \_\_\_\_\_

Friend's name & telephone number: (for emergencies) \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### **Starting at Daisy Chain**

When would you like your child to start (a date after your child is 2 yrs)

\_\_\_\_\_

We have sessions on Mon, Thurs and Fri from 0900-1200 and on Tuesday from 1130-1400

**AM**    Mon    Thu    Fri

**PM**    Tue

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

**Note:** Each child must have a minimum of two sessions, one of which must be a Tuesday session.

**Medical Records** (a medical form will be sent to you once your child has a place confirmation.

(This form must be completed in order to enrol at Daisy Chain).

Is your child up-to-date with vaccinations? \_\_\_\_\_

Does your child have any allergies? (If so, please state them) \_\_\_\_\_

Does your child have any medical requirements? \_\_\_\_\_

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 policy brochure, along with the sickness policy and agree to all of the terms of the Daisy Chain Playgroup and in accordance with these apply to enrol my child. I have paid the enrolment fee of 25 euros into the following account: Giro number: 6898717, Daisy Chain Playgroup, Den Haag

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed form to our email:

[admindaisychain@gmail.com](mailto:admindaisychain@gmail.com)