

# Baden Powell Primary School

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Headteacher: Mr Stephen Smith  
Chair of Governors: Ms Karen Stuart



## **Baden Powell Play Centre** **Registration Form**

**\*\*Please note that Play Centre charges £7 per day per child if collected before 5pm  
£10 per day per child if collected after 5pm\*\***

Name of Child and school attending	Date of Birth	Year Group	Any Medical Conditions	
<b>What days would you like your child to attend, please circle below</b>				
Mon	Tues	Weds	Thurs	Fri

**Please fill in form using BLOCK Capitals.**

**First Parent/ Carer Name:** \_\_\_\_\_

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

\_\_\_\_\_

Contact Number: \_\_\_\_\_

**Second Parent/ Carer Name:** \_\_\_\_\_

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

\_\_\_\_\_

Contact Number: \_\_\_\_\_

**Name of Doctor:** \_\_\_\_\_

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

**Contact Number:** \_\_\_\_\_

In case of emergency we may need to take your child to hospital. By signing this form you agree to any emergency medical treatment deemed necessary. Play staff will make every effort to contact you if this situation arises.

***Please remember to update us with any new contact details.***

**Who is authorised to collect your child**

Name	Telephone Number(s)	Relation to child

**Please authorise two other adults who we can contact in an emergency**

<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Contact No:</b>	<b>Contact No:</b>
<b>Relationship to child:</b>	<b>Relationship to child:</b>

**Any other relevant info on child (Special needs, religious/cultural requirements etc)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**School Office Use**

**Date entered on Tucasi:** \_\_\_\_\_

**Letter Sent- Yes or No:** \_\_\_\_\_

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