



Registration Form

Name: _____

Address: _____

Postcode: _____

Contact telephone Number: _____

Name of Child _____

Date of Birth: _____

Relationship to Child: _____

How did you find out about Play Dates : _____

Do you give permission for your child's photo for facebook, website and local media ? Yes/No

Your membership details will be retained on file by Play Dates staff and will be treated with the upmost confidentiality and will not be forwarded to other parties.

Signed: _____

Date: _____

Please remember to inform us of any changes to your membership details. **Thank your for your support.**