



LITTLE EXPLORERS REGISTRATION FORM

Class applying for: Monday Tuesday Friday

Child's Details:

Surname _____ Given name _____

Date of Birth _____ Languages spoken at home _____

Parent's Details:

Names _____

Home Address _____

E-mail (regular contact) _____

Other email _____

Telephone numbers: Home _____

Parent/Guardian 1: Mobile _____ Work _____

Parent Guardian 2: Mobile _____ Work _____

Helper: Name _____ Mobile _____

Other people who may be collecting your child from school or who we may contact in case of an emergency - these must be people you trust and who may need to make a decision on your behalf in case of an emergency:

1) Name _____ Tel: _____ Relationship _____

2) Name _____ Tel: _____ Relationship _____

Does your child have any allergies, food intolerances or health problems? Please indicate:

Indemnity

I _____ the parent/guardian of _____ hereby authorise the above said child to attend Leapfrog unaccompanied classes. I accept that the teachers will be responsible for my child on the registered day between 2.00pm and 4.00pm. Whilst I accept that the staff will exercise reasonable care and supervision during this time, neither they, Leapfrog Kindergarten can be held responsible for the safety of any child whilst on the premises, nor for the loss, damage or injury to person or property. Please note that playgroups in general are not regulated nor licensed by the Education Bureau (EDB). Our EDB registration only applies to the kindergarten. Leapfrog is not a registered child care centre.

Leapfrog may use photographs taken during classes and events for use on our website and in promotional materials. These photographs will not be passed onto third parties. If you do not wish for us to use photos that include your child, please contact us directly.

Signed _____ **Name** _____ **Date** _____

Starting date _____