

102-108 Castlereagh Street  
Belfast BT5 4NJ  
Tel: 90 872277 (Office)  
90739777 (Playgroup)  
[www.oasis-ni.org](http://www.oasis-ni.org)

Email (Early Years Manager): [louise.watson@oasis-ni.org](mailto:louise.watson@oasis-ni.org)

## Oasis Pre School Playgroup

Playgroup leader: Sharon O'Neill  
*BA Childhood and Adolescent Studies*

Child's name: .....

Date of birth: .....

Address: .....

.....

.....

Home Tel:.....

Place in the family (e.g. first of 3): .....

First language used at home: .....

Mother's name: .....

Contact tel no: .....

Father's name: .....

Contact tel no: .....

Child's favourite interests:

.....

.....

List of Regular collectors:

	Name	Relationship to child
1		
2		
3		
4		

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Name of alternative emergency contact (other than parents):

.....

Relationship to child: .....

Tel no:.....

Name and address of Doctor:

.....

.....

.....

.....

Doctors tel no: .....

Name of Health Visitor: .....

Do you have any religious or cultural practices that you would like us to know about and ensure they continue here?

.....

.....

<b>Day</b>	<b>Playgroup 9am-1 pm</b>	<b>Full Morning 8.30-1.30</b>	<b>Full Daycare 8.30-6pm</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

I give permission for Oasis to contact emergency services or seek emergency medical advice if I or any emergency contacts cannot be reached.

**Yes No**

I give permission for staff and students on work placements to carry out observations on my child.

**Yes No**

I give permission for my child to go on local walks around the neighbourhood and local parks.

**Yes No**

I give permission for staff to apply sun cream to my child when required in the warmer weather.

**Yes No**

I give permission for photographs to be taken of my child to be used within the Oasis Centre.

**Yes No**

Any other info:

Signed by Parent:

.....

Signed by Playgroup Leader:

.....

Date: .....