



Wraparound Registration Form



<i>Child's Personal Details</i>	
Name	
Date of Birth	
Home Address	

<i>Parent / Carer 1</i>	
Name	
Address (if different)	
Contact telephone number	

<i>Parent / Carer 2</i>	
Name	
Address (if different)	
Contact telephone number	

<i>Emergency Contact (if parent/carer are not contactable - must be over 16)</i>	
Name	
Address (if different)	

Contact telephone number	
Relationship to child	
Password for collection	

<i>Medical Information</i>	
Food allergies or dietary needs	
Allergies (other than food)	
Medical conditions	

<i>Additional Information</i>	
Any information that you feel will support us to provide the best care	

<i>Permissions</i>		
Emergency medical treatment including first aid	Yes	No
Photographs for display in school	Yes	No
Photographs for display in school newsletters or website	Yes	No

"I/We (the undersigned) accept full responsibility for the payment of all session fees and confirm that I/We have read the Terms and Conditions booklet."

	Printed name	Signature	Date
Parent / Carer 1			
Parent / Carer 2 (if applicable)			