Wraparound Registration Form

Child's Personal Details	
Name	
Date of Birth	
Home Address	

Parent / Carer 1	
Name	
Address (if different)	
Contact telephone number	
Parent / Carer 2	
Name	
Address (if different)	
Contact telephone number	
Emergency Contact (if parent/carer are not contactable – must be over 16)	
Name	
Address (if different)	
Contact telephone number	
Relationship to child	

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Drop Off/Collection Information	
Names of individuals with consent to drop off/collect	
Password for collection (Emergency use only)	
Medical Information	
Food allergies or dietary needs	
Allergies (other than food)	
Medical conditions	

Additional Information	
Any information that you feel will support us to provide the best care	

Permissions	
Emergency medical treatment including first aid	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)			