Wraparound Care

Registration Form

Please complete a separate registration form for **each** child requiring a place at the club.

Sessions are booked half termly with payment made in advance. Missed sessions are not held as credits

Child’s Name: …………………………………………………. Date of Birth: ……………………………………………

Address: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Emergency Telephone Numbers: *Please list 3 contact numbers in priority order*

Name ………………………………………………………… Number …………………………………..

Name ………………………………………………………… Number …………………………………..

Name ………………………………………………………… Number …………………………………..

Medical Conditions / Allergies

Dietary Requirements

This form must be completed before club membership can be accepted

I would like Breakfast Club sessions on the following days of the week:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

Please include the time you would like After School Club sessions on the following days:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

*Until 4pm, 5pm or 6pm*

Signed: Date:

|  |
| --- |
| FOR SCHOOL USE ONLY |
| Date Received: | Received By: | Registration fee\* paid: |

*\*£15 registration fee for wrap around care per annum*