

**Wraparound Care**

**Breakfast Buddies**

**Mix ‘til Six**

 **Registration Form**

**Nursery – Year 6**

**Child’s details:**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What they like to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/carer details**

|  |  |  |
| --- | --- | --- |
| **Title** |  | **Title** |
| **First Name** |  | **First Name** |
| **Surname** |  | **Surname** |
| **Contact numbers**1. **……………………………**
2. **……………………………**
 |  | **Contact numbers**1. **……………………………**
2. **……………………………**
 |
| **Home address** |  | **Home address** |
| **Work address** |  | **Work address** |
| **E-mail address** |  | **E-mail address** |

**Alternative Emergency Contact Details**

Please provide the details of at least one person we can contact if we are not able to get hold of you.

|  |  |  |
| --- | --- | --- |
| **Name** |  | **Name** |
| **Telephone number** |  | **Telephone number** |
| **Mobile number** |  | **Mobile number** |
| **Relationship to the child** |  | **Relationship to the child** |

**Who will normally drop off/collect your child to/from our Wrap-Around Care**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your child will only be released to people you have named on this form. It is essential that you notify staff if there is any change to this arrangement. Children cannot be released to siblings/friends under the age of 16.**

**Details of Child’s Doctor**

|  |
| --- |
| **Name of Doctor** |
| **Address of surgery** |
| **Telephone number** |

**Additional Details**

|  |
| --- |
| **Please detail any allergies or intolerances your child has: please provide full details if medication is needed.** |
| **Please detail any dietary requirements for your child:** |
| **Is there anything your child doesn’t like (e.g. food, games etc) or is scared of?** |
| **How would you describe your child’s ethnicity or cultural background?** |
| **What is the main religion in your family?** |
| **Is there anything else you think we should know about your child?** |

**Please circle the appropriate Yes or No option**

* I give permission for my child to have his/her photograph Yes No

taken by a member of the Wrap-Around Care staff

* I give permission for photographs taken to be used for display Yes No and craft purposes
* I agree that photographs taken of my child may be used to Yes No

promote Wrap-Around Care in a local newspaper or on the

school’s website.

* I give permission for my child to watch films or television Yes No

programmes or computer and console games that are

classified U or PG.

* I give permission for my child to use face paints. Yes No

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent or carer)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms and Conditions**

* I understand that fees for Breakfast Club must be booked and paid for half termly in advance and that Breakfast Club fees are not refundable.
* I understand that If i have not paid in advance, I am required to pay the Breakfast Club Supervisor when i drop off my child.
* I understand that except in the case of unforeseen circumstances, places for After School Club should be booked in advance. Fees for After School Club are payable weekly in advance.
* I understand that if I have not paid in advance, I am required to pay the After School Manager when I collect my child.
* I understand that my child will not be accepted on another occasion if payment has not been received.
* I understand that if I inform the school office by 9.30am, I will be able to cancel an after school club session and carry forward my payment to a future session. Except where a child is leaving the school, refunds will not be given.
* I understand that persistent late or non- payment of fees may jeopardise my child’s continued place.
* I give permission for the setting to share information with other professionals as appropriate.
* I understand that the school is not responsible for any of my child’s personal possessions.
* I am aware that the school has a duty to report any concerns to the appropriate authority.
* I give permission for a trained member of staff to administer appropriate first aid if required.
* I give permission for school staff to seek the necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above telephone numbers.
* I have read and accepted the above conditions for my child to attend the Wrap-Around Care Clubs at Chaddesley Corbett Endowed Primary School.

Please keep this copy for your records.

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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent or carer)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this copy to school.**