



WRAP AROUND CARE (Tree House & Breakfast Club) REGISTRATION FORM

Details of Child

Name:	DOB:
Home Address:	
Home Telephone Number:	

Parent/Carer Details

Parent/Guardian Full Name:	Parent/Guardian Full Name:
Main Telephone Number:	Main Telephone Number:
Mobile Number:	Mobile Number:
Email:	Email:
Do you have legal parental responsibility for the child? Yes/No	Do you have legal parental responsibility for the child? Yes/No

Emergency Contact Details

(Persons other than those named above who we may contact in the event that we cannot contact you, and who is authorised to collect your child).

Name:	Main Telephone Number:
Address:	

Medical Information

Does your child have a medical condition? Yes/No If Yes, please provide further information:
Does your child have any known allergies? Yes/No If Yes, please provide further information:

Does your child require a special diet? Yes/No
If Yes, please provide further information:

Does your child need medication before or after school? Yes/No
If Yes, please complete an Administering Medication Form available from the school office.

In the event of a medical emergency requiring immediate medical attention of my child, staff will contact me as soon as possible. Where this is not possible, I give my consent to staff to administer first aid or seek medical attention (to take my child to hospital or to a Doctor's surgery).

Yes/No

Childcare Vouchers

Name of childcare voucher scheme if paying by vouchers:

Signed: Print Name:

Date: