

REGISTRATION FORM - Kings Worthy Primary Wraparound Childcare



Please note: If any details on this form change, it is the parents responsibility to fill in and submit a new form.

Details of your child:

Child's Name

Date of Birth

Address

Post Code

Names of parents and others who will pick up/emergency contacts. Anyone collecting pupils from after school clubs must be aged 14 years or over:

1. Name

Relationship to child

Contact number

Contact number

2. Name

Relationship to child

Contact number

Contact number

3. Name

Relationship to child

Contact number

Contact number

4. Name

Relationship to child

Contact number

Contact number

5. Name

Relationship to child

Contact number

Contact number

6. Name

Relationship to child

Contact number

Contact number

Dietary requirements: As a variety of foods will be offered, it is very important to be clear about any allergies so that we can cater for your child accordingly.

Please give details about any allergies or regular/emergency medication: (state none if not applicable)

(Continue on separate sheet if necessary or contact the office via email wraparound@kingsworthy.hants.sch.uk or phone, to discuss)

Can we use plasters on your child? : YES / NO [Please delete as appropriate]

“In the event of an accident or an emergency where medical aid might be needed I consent to my child being taken to hospital for treatment, as required” YES / NO [Please delete with and X as appropriate]

Please tell us anything else you think we need to know about your child in order to ensure that we care for them effectively and appropriately, e.g. any special educational needs.

Myself and my child (if appropriate) have read the behaviour policy and are aware that their space may be withdrawn if there is consistent disruptive or unsafe behaviour.

I confirm I have read and understood the Kings Worthy Primary Wraparound Handbook.

I agree to make payments as stated in the handbook.

Signed:

Print Name:

Email Address:

Date: