



WRAPAROUND CARE REGISTRATION

CLUB ATTENDED

Breakfast Club YES NO

After School Club YES NO

Child's Full Name			
Child's Preferred Name (if different)			Male/Female
Full Postal Address & Postcode			Date of Birth
		Age	Class
1st Parent/Guardian		2nd Parent/Guardian	
Name		Name	
Home Tel	Mobile	Home Tel	Mobile
Work Tel	Other	Work Tel	Other
Email		Email	

Medical Information & Special or Particular Needs	
Doctor's Name and Address	Doctor's Telephone
If you answer 'YES' to any of the following questions, please provide further details in the space provided below or in the Relevant Information section on page 2. We may also require you fill in a further form to provide more information.	
Does your child have any known illnesses/allergies/conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child have any special dietary requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your child on any regular medication?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child require help in administering the medicine?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child have any particular or special needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Emergency Contacts & Collection Arrangements

These are people other than the parent/guardian(s) named above. We will always try to contact the parent/guardian in the first instance in an emergency.

Password for Collections			
Name		Name	
Relationship to Child		Relationship to Child	
Home Tel	Work Tel	Home Tel	Work Tel
Mobile		Mobile	
Can this person collect your child without us being given prior notification?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Can this person collect your child without us being given prior notification?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can this person be called to collect if your child has not been collected and you cannot be contacted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Can this person be called to collect if your child has not been collected and you cannot be contacted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can this person be called in an emergency if you cannot be contacted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Can this person be called in an emergency if you cannot be contacted?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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Relevant Information

Please provide any other information you feel may be relevant below. Please include details of any of your child's likes and dislikes.

Consent Requests	Please sign each section
I, being the parent/guardian of the aforementioned child, give consent that, in the event that I am unable to be contacted, my child may undergo any emergency medical treatment as deemed necessary by medical personnel, if the delay in getting my signature is considered by the doctor to endanger my child's health & safety.	SIGNED
I give consent for my child to be taken off site by Bishop Challoner staff when carrying out fire and emergency evacuation drills as well as real events.	SIGNED
I have read the above document and signed or marked it where appropriate and all information is correct and full to the best of my knowledge.	SIGNED

Please tick the days you would like your child to attend or your child already attends and return it to the school office marked for the attention of Wraparound Care Supervisor.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast Club					
After School Club including times					

If your child attends Extra-curricular Clubs on the days they attend After School Club, please complete the table below.

Extracurricular Clubs attended	MONDAY (time)	TUESDAY (time)	WEDNESDAY (time)	THURSDAY (time)	FRIDAY (time)