Wraparound Registration Form

Child's Personal Details	
Name	
Date Of Birth	
Home Address	

Parent/Carer 1	
Name	
Address (if Different)	
Contact Telephone Number	

Parent/Carer 2	
Name	
Address (if Different)	
Contact Telephone Number	

Emergency Contact if Parent/Carer not available (must be over 16)	
Name	
Address (if Different)	
Contact Telephone Number	
Relationship to child	
Password for collection	

Medical Information	
Food Allergies or Dietary needs	
Allergies other than food	
Medical Conditions	

Additional Information	
Any information that you feel will support us in providing the best care	

Permissions (Please circle as appropriate)		
Emergency Medical Treatment including First Aid	Yes	No
Photographs for Display in School	Yes	No
Photographs for display in school newsletter	Yes	No
Photographs for display on social media (website, Facebook)	Yes	No

"I/We (the undersigned) accept full responsibility for the payment of all session fees and confirm that I/We have read the Terms and Conditions booklet."

	Printed Name	**Signature**	**Date**
Parent/Carer 1			
Parent/Carer 2			