

# JULIA & SYLVIA'S WRAP AROUND CARE REGISTRATION FORM

If you would like to secure a wrap around care place please complete the registration form below

Please answer all questions marked \*

PLEASE WRITE IN CAPITAL LETTERS

First Child's Name \*

First

Last

Current Year Group \*

Date of Birth \*

Second Child's Name \*

Current Year Group \*

Date of Birth \*

Please select clubs and days required for your child

Breakfast Club \*

(please circle) \*

Yes

Monday Tuesday Wednesday Thursday Friday

After School Club \*

(please circle) \*

Yes

Monday Tuesday Wednesday Thursday Friday

I am interested in the Holiday Club \*

Yes

No

Please note - The holiday play scheme will not begin until 2017 and will be based on Parent's interests

## Parent / Carer Details

Name \*

First

Last

Address \*

Street Address

Address Line 2

City

Post code

Mobile/Phone Number \*

Alternative Phone Number \*

Email \*

## Emergency Contact Details

(1) Name \*

First

Last

Mobile/Phone Number \*

Alternative Phone Number \*

Relationship to Child \*

(2) Name \*

First

Last

Mobile/Phone Number \*

Alternative Phone Number \*

Relationship to Child \*

## **About your Child**

Does your child have any allergies? \*

Yes

No

If yes please list in box below and state treatment required in an emergency \*

Does your child have any food intolerances? \*

Yes

No

If yes please list food intolerances \*

Religious requirements \*

Please note anything else that we need to know about your child? \*

## MEDICAL DETAILS

Name of Doctor \*

Surgery Address \*

Surgery Number \*

Signature \*

### **PLEASE NOTE**

A deposit of £25 per child must be paid for all bookings to secure your child's place. Your deposit will be deducted from your first week of fees.