

Brereton Bears

Wrap Around Care Registration Form

(Please complete one for each child)

Name of Child	Date of Birth																		
Name/Address of Parents/Carers to contact 1.	2.																		
Date of Registration	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Sessions Required: Please ✓</td> <td style="width: 10%; padding: 2px;">Mon</td> <td style="width: 10%; padding: 2px;">Tue</td> <td style="width: 10%; padding: 2px;">Wed</td> <td style="width: 10%; padding: 2px;">Thur</td> <td style="width: 10%; padding: 2px;">Fri</td> </tr> <tr> <td style="padding: 2px;">AM</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">PM</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Sessions Required: Please ✓	Mon	Tue	Wed	Thur	Fri	AM						PM					
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AM																			
PM																			

Telephone Contact Information

Contact 1 Relationship to child: Home: Work: Mobile: Email:	Contact 2 Relationship to child: Home: Work: Mobile: Email:
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Collecting children

Persons authorised to collect your child in an emergency in addition to contracting parents: (See procedures No: 21 and 22)	
1. Name/Relationship to child: Tel Home: Work: Mobile:	2. Name/Relationship to child: Tel Home: Work: Mobile:

Child's doctor

Doctor's Name:
Doctor's Surgery Address:
Surgery Tel:

Child's Health

1. Does your child suffer from any allergies?	
2. Does your child have any special dietary requirements? e.g. Vegetarian.	
3. Are you happy for your child to have a sticking plaster put on a cut if necessary?	

Consent for emergency procedures

In the event of a medical emergency, if parents/carers are not contactable, I/we authorise the play leader/play worker to seek appropriate medical care for my/our child .
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Outdoor play

I/we agree to my/our child being involved in activities out of doors.

Photo consent

I/we agree to my/our child being photographed during club activities.

Behaviour

I/we accept that the school's positive behaviour and anti-bullying policy applies to the After School Club.

Visits

I/we agree to my/our child being involved in local supervised walks around the Brereton area including the Community Space.

Additional info about your child:

Please list anything else you wish to tell us about your child which will enable them to have the best possible experience at the club
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Signature 1

Signature 2