



WRAP AROUND CARE REGISTRATION PACK 2024 - 2025

Child/ren's Details:

Name:	Date of Birth:	Year Group:

I wish to register my child/ren above for Breakfast Club and/ or afterschool provision, for the sessions detailed below, for the 2024 - 2025 academic year (please tick):

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club					
After-school Short Session Collection by 5pm / 4.30pm Friday					
After- school Full Session					

Short Notice (Adhoc) bookings <u>Please note:</u> we will be happy to take short-notice (same day) bookings if we have room and provided we are still within the required staff/ child ratio	
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Please book my child/ren in for the days and times indicated above. I will let the school office know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked but which my child does not attend – unless your child is ill or you have cancelled in line with the Terms and Conditions

About Your Child/ren: (please see overleaf for information if more than one child)

First Child's Name:	<i>Where relevant, please detail...</i>
- any additional and/ or special educational needs:	
- any medical needs (including details of any medication)	
- any allergies:	
- any dietary requirements:	
Any additional information:	



Second Child's Name:	<i>Where relevant, please detail...</i>
- any additional and/ or special educational needs:	
- any medical needs (including details of any medication)	
- any allergies:	
- any dietary requirements:	
Any additional information:	

Third Child's Name:	<i>Where relevant, please detail...</i>
- any additional and/ or special educational needs:	
- any medical needs (including details of any medication)	
- any allergies:	
- any dietary requirements:	
Any additional information:	

Fourth Child's Name:	<i>Where relevant, please detail...</i>
- any additional and/ or special educational needs:	
- any medical needs (including details of any medication)	
- any allergies:	
- any dietary requirements:	
Any additional information:	



Parent/Carer Details:

Name:
Home Address:
Telephone Number:
Work Address:
Work Telephone Number:
Mobile Number:
Email Address:

Name:
Home Address:
Telephone Number:
Work Address:
Work Telephone Number:
Mobile Number:
Email Address:

Alternative Emergency Contact Details:

(Please provide details of at least two other people we can phone if we are not able to contact you)

Name:	Relationship to Child:	Mobile Number:
Address:		Other Telephone Number:

Name:	Relationship to Child:	Mobile Number:
Address:		Other Telephone Number:

Details of Child's Doctor/Surgery:

Name of Doctor:	
Address of Surgery:	Telephone Number:

Childcare Vouchers / Government Tax Free Vouchers

I will be paying by Childcare Vouchers / Government Tax Free Vouchers Yes / No *(please delete as applicable)*

If yes, then please give the name of your provider below so that we can supply you with our registration details / or register with them if they are a company we are not registered for already.

Childcare Voucher Provider : _____



Parental Consent / Agreement

- I consent to my child attending the wrap around care club. I understand that the club has policies and procedures and there are expectations and obligations relating to the conduct of myself and my child and I agree to abide by them.
- I understand that failure to do so will mean that my child will no longer be able to attend the club.
- I understand that my child will be provided with breakfast in the morning and a snack and drink after school, unless otherwise requested.
- Once my child is delivered / collected for breakfast / after school club he/she will be in the care of the staff until collected by a 'named' responsible adult.
- I give permission for a member of staff to administer appropriate first aid if required.
- I give permission for a member of staff to seek any necessary emergency medical advice or treatment, in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above telephone numbers.
- I will inform the school office if my child will not be attending the before or after school care on a day that he/she is booked in, giving at least 24 hours notice.
- I know that I will be charged for any booked sessions that my child does not attend that are not cancelled, unless due to illness.
- I accept that whilst at the club, my child may get involved in messy activities.

Terms and Conditions:

- I understand that persistent late or non-payment of fees will result in a place being withdrawn.
- I understand that if I book a short session afterschool and I am late collecting then I will be charged the full session fee.
- If my child is not collected by 6:00 pm / 5.30pm on a Friday, I will pay a charge of £10 per quarter of an hour to cover the cost of the staff required to stay to supervise my child.
- If my child is not collected from Afterschool Club, after staff doing everything possible to contact parents and emergency contacts, then I understand that staff will be legally required to contact Children's Services and the Police.
- I understand that staff cannot be held responsible for any lost or stolen items.
- I understand that should there be any incidents, in either Breakfast or Afterschool provision involving my child, I will be informed of the situation by a member of staff.
- I understand that school policies and procedures apply to wrap around care.
- I confirm that the information given on this form is correct and agree to notify the school of any changes in detail.
- I have read, understood and by signing this form, accept the above conditions for my child/ren attending Breakfast/Afterschool club.
- I understanding that I have to give four term time weeks notice if I wish to amend / cancel my bookings. There is no guarantee that the school will be able to accommodate your request.
- I understand that due to the demand for places I may be placed on a waiting list until space is available.

I give permission for the named child/ren to:

- | | |
|---|--------------------------|
| ▪ Play in the school grounds with supervision | <input type="checkbox"/> |
| ▪ Take part in individual & group photographs | <input type="checkbox"/> |
| ▪ To be present in photos used for promotion on the school website/newsletter | <input type="checkbox"/> |

Signature of Parent/Carer.....

Date.....