HARLAXTON C of E (Controlled) PRIMARY SCHOOL

Lincolnshire County Council

SWINEHILL, HARLAXTON, GRANTHAM, LINCS. NG32 1HT

Tel: 01476 561077 Fax: 01476 590868
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Headteacher: Mrs Sheriden Edwards

Wraparound care
CHILD REGISTRATION FORM

Wrap around care choice Breakfast club ☐ After School Club ☐ Both ☐		
Child's Full Name:	**Date of Birth:**	**Year Group:**
Home Address: **Post Code:**	**Telephone Number:**	
Name of Parent/Guardian:	**Address:** **Email Address:**	**Home Telephone number:** **Work Telephone number:** **Mobile Number:**
Name of Parent/Guardian:	**Address:** **Email Address:**	**Home Telephone number:** **Work Telephone number:** **Mobile Number:**
EMERGENCY CONTACT DETAILS		
Named person 1: **Relationship:** **Address:** **Contact numbers:**	**Named person 2:** **Relationship:** **Address:** **Contact numbers:**	**Named person 3:** **Relationship:** **Address:** **Contact numbers:**
Details of any medical/dietary requirements:		

Details of any known allergies:

Details of medication currently being taken:

Please detail any other information you feel we need to know about your child:

During registration we will add children into a group on parentmail where you can manage bookings. There are two groups depending on method of payments. Please tick if you plan to pay as you go or if you plan to use childcare vouchers (including tax-free childcare). Please include the name of voucher company.

☐ Pre-pay ☐ Paying through vouchers Voucher company ……..

From time to time, we take the children to the park or around the village etc and these outings are quite often decided on the day, we ask that you give your permission to allow the playworkers to take your child 'off-site' for the purpose of these visits.

I …….. (parent/carer) give my permission for my child, to whom this form relates, to take part in ad-hoc outings from the club site accompanied by playwork staff from the setting.

Signed……..Date:……

We will always try to contact you or a nominated person in the event of your child becoming ill or injured at the club. If the child requires immediate medical attention, the management reserve the right to take the child by ambulance to the nearest Accident and Emergency department. Please sign below to give your permission for an appropriate medical practitioner to give emergency aid to your child in the absence of yourself or nominated other but in the presence of club staff

I……. (parent/carer) give my permission for club staff to take my child to hospital in the event of an emergency and to seek medical advice and treatment in my absence.

Signed…….Date: ……..

From time to time we like to use photographs or videos of children with regard to marketing the setting e.g. our school website, in displays or for the purpose of student coursework. Your child's family name will never be used in press releases or student coursework. Please sign below to give your permission for us to use your child's photograph/video for suitable purposes.

I……(parent/carer) give my permission for my child's photo or video for displays, press releases and student coursework as deemed appropriate by Senior club staff.

Signed…….Date: ……..

I acknowledge that to the best of my knowledge the information provided on this form is accurate and true. I acknowledge receipt, understanding and acceptance of the terms and conditions of use of this club YES / NO (Please delete as appropriate)

Signed……..Date:……

Print Name: ……