



Ecton Brook Primary Wraparound Care registration form

Student name	Date of Birth	Age
Home address		
Post code		
Home telephone	Mobile	
Language/s spoken	Ethnic origin	Religion

FAMILY DOCTOR

Name

Surgery address

Tel. no.

PRINCIPAL CARER: (Mr/Mrs/Miss/Ms)	Print name _____
Mobile tel. No.	Signature _____
Work Tel. No	
Email address	
SECONDARY CARER: (Mr/Mrs/Miss/Ms)	Print name _____
Mobile Tel. No.	Signature _____
Work Tel. No.	

PLEASE PROVIDE A PASSWORD FOR THE AUTHORISED PERSON THAT WILL COLLECT YOUR CHILD. WITHOUT THIS WE CANNOT RELEASE YOUR CHILD INTO THEIR CARE.

PLEASE PROVIDE AT LEAST THREE EMERGENCY CONTACTS TO COLLECT YOUR CHILD FROM THE CLUB. (SIBLINGS OVER 14 YEARS MAYBE INCLUDED)

Name _____ Tel: _____ Relationship: _____

Name _____ Tel: _____ Relationship: _____

Name _____ Tel: _____ Relationship: _____

MEDICAL CONSENT: I hereby give my consent for my child _____
to receive treatment by a trained first aider.

Print Name.....

Relationship to child.....

Signature.....

Date.....

Photographs: On occasion we may wish to take photographs of children of children taking part in activities for display purposes, or for publicity including the Ecton Brook Primary School website. If you agree to your child's photo being taken for such purpose, please sign below.

Signature.....

Application of suncream: If you wish your child to have suncream applied please be aware that staff cannot apply it to them. Staff will supervise your child during their own application of suncream. We do not keep suncream on the premises and ask that you supply your own. Please clearly name the bottle and keep it in their bookbag/bag. You will need to take it home at the end of every session.

Signature.....

Activity consent

I hereby state my wishes regarding (child's name) for the following specific activities. **Please clearly mark your response.**

Permission to provide warm drinks	Yes/No
Permission to watch U rated or PG films	Yes/No
To participate in nail art activities	Yes/No
To visit local areas outside school (with prior notice from staff)	Yes/No

Name of legal parent/guardian:

Signature of legal parent/guardian:

Date:

ANY MEDICAL OR DIETRY REQUIREMENTS or ANY OTHER SUPPORT WE CAN GIVE YOUR CHILD TO HELP THEM SETTLE INTO THE CLUB, PLEASE INCLUDE ALL RELEVANT INFORMATION.

Diagnosis _____

Date of diagnosis _____

Medication taken or to be administered _____

Dosage and times _____

A brief description of your child's need/requirement. (Please include any doctor's report if you wish to do so, so that we can fully support your child whilst in the club)