Walton Woodland Wraparound Care Provision

Registration & Booking Form

Child Details

Child's Full Name	
Date of Birth	
Class	
Teacher	

Parent/Carer Details

Parent/Carer 1 Name	
Relationship to Child	
Address	
Telephone Number	
Email Address	

Parent/Carer 2 Name	
Relationship to Child	
Address	
Telephone Number	
Email Address	

Alternative Emergency Contact Details

Name	Relationship to Child	Telephone Number

Medical & Dietary Information

Does your child have any medical conditions?	
If yes, please provide details	
Does your child have any allergies?	
If yes, please provide details	
Does your child have any dietary requirements?	
If yes, please provide details	
Does your child require medication whilst attending the provision?	
If yes, please provide details	

SEND Information

Does your child have any Special Educational Needs and/or Disabilities (SEND)?	
If yes, please provide relevant information that will help us support your child	

Collection Arrangements

Name	Relationship to Child	Telephone Number

Password for collection (optional):

Session Booking Request

Required with effect from:

Breakfast Club

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

After School Club

	SHORT	LONG
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Consent and Agreement

I confirm that:

☐ The information provided on this form is accurate.

☐ I will notify the school immediately of any changes to emergency contacts, medical information or collection arrangements.

☐ I have read and accepted the Wraparound Care Terms and Conditions.

☐ I understand that fees are payable in accordance with the school's charging policy.

☐ I consent to emergency medical treatment being sought if I cannot be contacted.

Parent/Carer Declaration

Parent/Carer Name: _____

Signature: _____

Date: _____

Office Use Only

Date Registration Received: _____

Medical Information Reviewed: _____

Place Confirmed: _____

Start Date: _____

Staff Initials: _____