



Wrap Around Club @ St Margaret's Registration Form

Ofsted Number 821/3355

(School Copy – to be returned to school – Yellow)



Please complete this form if you wish to secure a place at our Wrap Around Club.

Child's Details:

Surname:	First Name:	
Middle Name:	Name known by:	
Date of Birth:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address:		Post Code:
Home ☎:	Country of Birth:	
Date of coming to UK (if appropriate):	Child's Religion:	

Parents Details:

Name of Mother:		
Surname: Mrs/Miss/Ms		First Name:
Address (if different):		Post Code:
Home ☎:	Mobile ☎:	
Name of Work:	Occupation:	
Work Address:	Work ☎:	
Days of Work:	Religion:	
Country of Birth:	Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>	
1 st Priority Contact <input type="checkbox"/> 2 nd Priority Contact <input type="checkbox"/>		
Name of Father:		
Surname: Mr		First Name:
Address: (if different from above)		Post Code:
Home ☎:	Mobile ☎:	
Name of Work:	Occupation:	
Work Address:	Work ☎:	
Days of Work:	Country of Birth:	
Religion:	Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>	
1 st Priority Contact <input type="checkbox"/> 2 nd Priority Contact <input type="checkbox"/> 3 rd Priority contact <input type="checkbox"/>		

Emergency Contacts: (in addition to Mother or Father)

Emergency Contact 1:		
Surname: Mr/Mrs/Miss/Ms		First Name:
Relationship to child: (i.e. grandmother, aunty, etc):		
Address:		Post Code:
Home ☎:	Mobile ☎:	
Name of Work:	Work ☎:	
2 nd Priority Contact <input type="checkbox"/>	3 rd Priority Contact <input type="checkbox"/>	4 th Priority contact <input type="checkbox"/>
Emergency Contact 2:		
Surname: Mr/Mrs/Miss/Ms		First Name:
Relationship to child: (i.e. grandmother, aunty, etc):		
Address:		Post Code:
Home ☎:	Mobile ☎:	
Place of Work:	Work ☎:	
2 nd Priority Contact <input type="checkbox"/>	3 rd Priority Contact <input type="checkbox"/>	4 th Priority contact <input type="checkbox"/>

NOTE: IT IS IMPERATIVE THAT YOU KEEP US INFORMED OF ANY CHANGE IN THE ABOVE DETAILS (IE: CHANGE OF WORK NUMBERS ETC.)

Dietary Arrangements:

Please give details of any allergies

Medical Details

Doctor:	Main ☎:
Address:	
Please indicate below any health/medical problems of which you feel we should be aware (i.e.: allergies, Asthma etc.)	
Please note that staff will not give non-prescription medicine.	
Permission to apply Sunscreen to your child Y/N (Sunscreen that you have provided)	
Do you give Staff permission to apply plasters in the event of a small accident? Y/N	
In the event of an accident and if an emergency contact cannot be contacted do you give permission for Staff to accompany your child to hospital in an ambulance? Y/N	

We sometimes take photographs of the children. Those pictures may be displayed around the school, used on our website and press (TV and newspaper) for school promotion or put in your child's file as a record of their work.

I give / do not give permission for my child to be photographed for above purposes.

Signed _____

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The School is required to share some of the data with the Local Education Authority and with the DfES.

Signed:

Dated:

Please check the form carefully and ensure that all details are filled in. Thank you



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Name of Child: _____

Class: _____

Please note that for administration purposes you will need to complete a form for each child that you require a place for.

**Costs: The 4 O'Clock Club = £2.50 from 3pm – 4pm
£5 from 3pm – 5pm & £8 from 3pm – 6pm**

Week commencing Monday 20th April 2015

Please tick below the sessions you would like your child to attend and the number of places you will require. If the places are available when we receive your form then those times will be reserved for your child.

Please pay for your sessions in advance, if your circumstances change at any time then please contact us ASAP.

Day	4 O'Clock Club 3pm – 4pm £2.50	3pm – 5pm £5.00	3pm – 6pm £8.00
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Total amount payable £_____. You may pay by cash or cheque. (Made payable to St Margaret of Scotland Primary School, please write your child's name and class on the back of the cheque).

All bookings need to be made in advance, uncollected children will incur a late collection fee of £5.00 per 15 minutes (as detailed in our Admissions and Fees Policy). Bookings MUST be accompanied by payment. Non-payment of fees will result in your child's place being cancelled. Fees are payable weekly in advance. From September 2015 a £10 per family registration fee will be payable yearly.

Signature of Parent

Date