



Wraparound Club @ St Margaret's Registration Form



Please complete this form if you wish to secure a place at our Wraparound 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	

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

IMPORTANT

I confirm that I have read and agree the terms and conditions of the Wrap Around Admission Policy

Parent Signature _____ **Date** _____