Queen Eleanor Primary School
Community Aspiration Resilience Empathy

Wraparound Care
Registration

Child's details

Child's full name _____
Preferred name _____
Date of Birth _____ Age _____
Home Address

_____

Gender _____
Ethnicity _____
Religion _____
Language spoken _____
Class teacher _____

Parent/ carer and emergency contacts

_____
Parent/Guardian's name _____
Home phone number _____
Work phone number _____
Mobile _____
Parent/ Guardian's place of work _____
Other emergency contacts – names and contact numbers

_____
_____
_____

Adults authorised to collect in the event of an emergency (must be over 18 year of age)	
Name and contact no.	
Name and contact no.	
Name and contact no.	

Declaration

I hereby consent for my child to take up a place at the Queen Eleanor Primary School Wraparound Care, according to the terms and conditions set out in the Wraparound Care Policy. I have read the terms and conditions of Queen Eleanor Primary School wraparound Care and agree to follow its policies and procedures.

I confirm that the above information is correct and I will undertake to inform the leader as soon as any details change.

Parent/Guardian signature _____ Date_____

Print name _____

The emergency contact number for the Wraparound Care during club hours is 01522 703428