



# Highfield Wraparound Childcare



## Registration Form

(please complete both sides)

### Child's Details

Legal first name:	Legal Surname:	Preferred Forename:
Date of birth and current age:	First language:	Class

### Breakfast Club Sessions requested (tick as required) Drop off anytime between 7.30am - 8.30am (please tick)

Monday	Tuesday	Wednesday	Thursday	Friday

### After School Club Sessions requested (tick as required) Pick up anytime between 3.30pm to 6pm (please tick)

Monday	Tuesday	Wednesday	Thursday	Friday

Please book my child in for the days and times indicated above.

I will let you know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked which my child does not attend.

### Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details below)					

**Emergency Contact Details** (please provide details of two people we can contact if we are unable to get hold of you)

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

**Child's Doctor**

Name of Doctor:	
Address:	Telephone:

**About your child**

Please detail any additional/special/ medical your child has: (please provide full details)
Please detail any dietary requirements / food allergies for your child: (please provide full details)
Is there anything your child doesn't like (food, games etc) or is concerned about that we need to be aware of?
What are your child's favourite activities?

If you pay for childcare with vouchers, please indicate below the voucher scheme you use.

\_\_\_\_\_

Signature of Parent/Carer

Date:

\_\_\_\_\_

\_\_\_\_\_