

Security Password: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ (If someone different is collecting your child they will need to know this password)

**Child’s Details Date of Registration:**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Surname | What s/he likes to be called | Date of birth and current age |

**Parent/Guardian details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | First Name | Surname | Title | First Name | Surname |
| Home address | | | Home address | | |
| Does the child usually live at this address? Y/N | | | Does the child usually live at this address? Y/N | | |
| 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? Y/N | | | Does this person have Parental Responsibility? Y/N | | |
| Does anyone else have Parental Responsibility? Y/N (If yes, please give details on separate sheet) | | | | | |

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

|  |  |  |
| --- | --- | --- |
| Name | Telephone number | Mobile Number |
| Address | | Relationship to child |
| Name | Telephone number | Mobile Number |
| Address | | Relationship to child |

**Child’s Doctor**

|  |  |
| --- | --- |
| **Name of Doctor** | |
| **Address:** | **Telephone:** |
| **Are there any other professionals involved with your child? Y/N (if yes, please provide details separately)** | |

**Please continue overleaf**

**About your child**

|  |
| --- |
| **Please detail any additional/special needs/allergies your child has: (please provide full details)** |
| **Please detail any special dietary requirements/ food allergies for your child: (please provide full details)** |
| **Is there anything your child doesn’t like (food, games etc) or is scared of?** |
| **What are your child’s favourite activities?** |

**Permissions (please tick)**

|  |  |
| --- | --- |
| **I give my permission for first aid to be administered to my child** |  |
| **I give my permission for my child to use the club’s computing facilities** |  |
| **I give my permission for staff to take and display photos of my child in the after school club** |  |
| **I give my permission for staff to take and display photos of my child on the school website** |  |
| **I give permission for sun cream to be applied to my child by staff members if required** |  |

**Please ensure you inform WRAPT staff if there are any changes to these details.**

**Signature of Parent/Carer Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**