



Wrap Around Care Registration Form: The Elms Primary School

Child's Details

Name:	Year Group:	Date of Birth:
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Parent/Carer Details

Name:	Relationship to Child:	Name:	Relationship to Child:
Home Address:		Home Address:	
Telephone:		Telephone:	
Work Address		Work Address	
Telephone:		Telephone:	
Mobile Number:		Mobile Number:	
Email Address:		Email Address:	

Alternative Emergency Contact Details (please provide details of at least one other person we can phone if we are not able to contact you)

Name:	Relationship to Child:	Mobile Number:
Address:		Other Telephone Number:

Details of Child's Doctor

Name of Doctor:



Address of Surgery:	Telephone Number:
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About Your Child

Please detail any additional/special needs:
Please detail any medical needs including details of any medication:
Please detail any allergies:
Please detail any dietary requirements:
Please detail any parent or carer who has permission to pick up your child:
Any additional information:

Signature of Parent/Carer.....

Date.....

Please print name.....