

ST ANNE'S CATHOLIC VOLUNTARY ACADEMY

Head Teacher: Mrs Julia Wiggins

Phone: 01298 23589

Email: wraparound@ann.srscmat.co.uk

REGISTRATION FORM FOR WRAPAROUND CARE

Full Name of Child:		Male		Female	
Date of Birth:	Ethnicity:	Home language:			
Child's Address:					

Parent/Carer contact details:

Name:	Name:
Relationship to child:	Relationship to child:
Mobile:	Home:
Home:	Work:
Work:	Mobile:
Email address:	Email address:
With whom does the child live?	

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Details of two persons willing to be contacted in case of emergency if parent is not available:

Name:	Name:
Address:	Address:
Tel No:	Tel No:
Relationship to child:	Relationship to child:

Medical

Details of child's doctor	Details of any other clinic/hospital that the child attends
Name:	Name:
Address:	Address:
Tel No:	Tel No:

Medical conditions:

In the event of my child requiring emergency treatment and the Head Teacher or other representative being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment, including anaesthetic advised by the medical authorities for the wellbeing of my child.

Yes/No

***Please delete as applicable**

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Food

Allergies/Intolerances:

Permission

From time to time the children in Wraparound Care will watch a film. The showing of U rated films is permitted but in some cases a PG rated film may be requested. On these occasions permission from Parents/Carers is needed. Please sign below if you are happy for your child to watch PG rated films.

Signed Relationship to child

Anything else we need to know about your child to ensure their safety and wellbeing?

I have read and understood the Wraparound Care Policy and agree to comply with the terms and conditions therein

Signed Date.....

(Parent/Guardian with legal responsibility)