

Eye Primary School



FOR OFFICE USE ONLY	
Date received	
Checked by	
Membership Number	

Wrap Around Care Registration Form 2021-22

Child's Name				
Date of Birth		Sex (Please tick)	Male	Female
Teacher's Name (2020-21)				
Year Group (2020-21)				
Siblings (if present at club)				Year Group
Emergency Contact Details				
Please state the details of the persons of whom have parental responsibility for the named child and who may be contacted in case of emergency.				
PRIMARY CONTACT				
Name				
Relationship				
Daytime Number				
Mobile Number				
Home telephone number				
Home address				
Postcode				
Email Address				
Signature				

SECONDARY CONTACT

Name	
Relationship	
Daytime Number	
Mobile Number	
Home telephone number	
Home address (if different to primary contact) Postcode	
Email Address	

Other persons (over 18 years of age) whom can collect the named child without prior notice and who can be contacted in the event of an emergency - the named child can only be collected by the primary and secondary contacts and the names on the list:

Name	Relationship	Telephone Number

If a known person is unavailable to collect the named child, you must inform the club immediately.
Unknown persons will not be able to collect the named child without prior notice.

Parents cannot be stopped from collecting their children from the club unless relevant documents are produced i.e court orders, police or social services involvement. Please state any persons that are NOT allowed to collect the named child under a court order.

Name	Relationship

Please provide a password to be used when the named child is collected. Please make this password known to all contacts and the named child.

Password	
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Late Collection

I understand that I will be charged a late pick up fee of **£3.50** if the named child is collected later than the club closing time of 6pm and a subsequent **£3.50** for each five minutes of lateness thereafter until the child is collected.

Signature of Parent/ Carer	Date
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Activities - I give permission for the named child to attend the scheme and participate in all activities.

I'm happy for my child to take part in the following extra activities	Yes	No
Face painting/ hair and beauty		
Watching a PG film		
Signature of Parent/ Carer	Date	

Medical Information		
Child's GP Surgery Name and Address		
Telephone Number		
	Yes	No
Has the named child received all relevant vaccinations?		
I give permission for the use of a plaster dressing to a minor cut, where necessary		
I give permission for staff to help apply sun cream if the named child requests help.		
Allergies:		
Medical Conditions:		
Special Dietary Requirements:		
Consent of emergency medical treatment:		
I give my consent for any medical treatment which is urgently necessary <u>except</u> (please provide any details of any emergency treatment which may not be given to the named child):		
Consent for administering medicine (medicine release)		
I give my permission for medicine prescribed by my doctor to be administered by a suitable member of staff. The club management will have sole responsibility for either administering the medicine or appointing a suitable member of staff to do so, a suitable member of staff will be an individual that the club senior leader has trained to carry out this task and feels they have the appropriate skills to do so. I will put instruction for administering medicine in writing, using the appropriate form provided by the school. I will be responsible for asking for the medicine at the end of each session in order that it may be taken home, I will sign the details of medication acknowledging that I have seen the dosage given through the day and all relevant documentation. I understand that non-prescribed medicines cannot be administered by staff under any circumstance.		
Signature of Parent/ Carer	Date	
Child's Individual Needs		
Please give details of any special requirements the named child may need e.g SEND, religious or behavioural needs.		

Child Protection Statement		
I understand that any member of Eye Primary School Wrap Around Care staff who has a concern relating to safety, welfare and protection of children within their care, has a duty to report this in accordance with the school's child protection policy. I also understand that the member of staff has no duty to inform me that a report has been made.		
Signature of Parent/ Carer		Date
Please note that Wrap Around Care club has policies and procedures in place and working within the club that are in line with the school policies and procedures. All of which are available to parents upon request		
Photography To ensure we meet the new General Data Protection Regulation (GDPR) requirements we need your consent to take and use photographs of your child. We really value using photographs of pupils to be able to showcase what pupils do in school and show what life at our school is like to others. We would like your consent to take photographs of your child and use them in the ways described above. If you are not happy with this it isn't a problem. If you change your mind at any time about these permissions you can let us know by emailing the school office at admin@eye.peterborough.sch.uk or visiting the school office.		
	Yes	No
I am happy for the school to take photographs of my child		
I am happy for photographs of my child to be used on the school website		
I am happy for photographs of my child to be used in published materials eg newsletter		
I am happy for photographs of my child to be used in internal displays		
Signature of Parent/ Carer		Date
Terms and Conditions		
Please sign below to confirm you have read and understood the terms and conditions as described in the Parent Information Handbook. Please keep the Parent Information Handbook/ Terms		
Signature of Parent/ Carer		Date

Regular Booking Form/Ad Hoc Bookings 2021-22											
Please tick the boxes below to indicate when your child will be attending Wrap Around as a regular booking and your child will be added to the register. Please let us know by telephone 01733 222314 or email the school office admin@eye.peterborough.sch.uk if your child will be absent from any of the sessions booked or if you would like to add or remove any sessions.											
Breakfast	M	T	W	T	F	After School	M	T	W	T	F
7:30am - 8:55am						3:05pm - 5:00pm					
8:00am - 8:55am						3:05pm - 6:00pm					
Start Date:											
Additional Information or Ad Hoc Booking Dates											

