**Staplehurst School**

Gybbon Rise, Staplehurst, Kent TN12 0LZ

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Head Teacher: Miss L Davenport

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?**  |  |

**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:**  |

**In the event that you require your child picked up by someone other than one of these two emergency contacts, a code word will need to be provided. Please select a code word that you will need to be given by family / friend at pick up to ………………………………………………**

**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**

 **Food:**

**Food Allergies/Intolerances:**

# Permissions:

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

**Signed: …………………………………………….. Relationship to child ……………………………………………….**

**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)**