

**Hartlebury  
Church of England  
Primary School  
and Early Years Unit**



**A founding Academy within the  
Severn Academies Educational Trust**

# **Registration Form**

**Child's Name:** \_\_\_\_\_

**Class:** \_\_\_\_\_



# HARTLEBURY CHURCH OF ENGLAND PRIMARY SCHOOL

## WRAP AROUND CARE

# REGISTRATION FORM

Please complete the Wrap Around Care Registration Form and return it to the School Office.

### CHILD'S PERSONAL DETAILS

Child's Name	
Class	
Address	
Date of birth	
Allergies	
Medical Conditions	

## **PARENT/CARER DETAILS**

### **PARENT/CARER NUMBER 1**

Parent/Carer's Name	
Relationship to Child	
Has Parental Responsibility	YES / NO
Lives in the Family Home	YES / NO
Address	
Telephone Number (Home)	
Telephone Number (Mobile)	
Email Address	

### **PARENT/CARER NUMBER 2**

Parent/Carer's Name	
Relationship to Child	
Has Parental Responsibility	YES / NO
Lives in the Family Home	YES / NO
Address	
Telephone Number (Home)	
Telephone Number (Mobile)	
Email Address	

# **SAFEGUARDING**

**PLEASE ADVISE OF ANY ADDITIONAL PEOPLE WHO YOU ARE  
AUTHORISING TO COLLECT YOUR CHILD**

**(Please note anyone collecting your child must be over 16 Years of Age)**

**(Please notify a member of the Wrap Around Care Team as soon as possible if the people  
listed below are no longer Authorised to collect your child.)**

Name	
Relationship to Child	
Telephone Number	

Name	
Relationship to Child	
Telephone Number	

Name	
Relationship to Child	
Telephone Number	

## **PASSWORD**

**Please provide a Password that can be used between the Wrap Around Care Team and anyone who you are Authorising to collect your Child.**

Password	
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## **EMERGENCY CONTACTS**

**(Please provide Emergency Contact Details in order of priority)**

Name	Relationship to Child	Telephone Number
1.		
2.		

# **CONSENT**

**(Please circle as appropriate)**

## **USE OF PHOTOGRAPHS WITHIN WRAP AROUND CARE**

I/We understand Photographs may be taken of my/our child during Wrap Around Care.

I/We give permission for Photographs to be used in the following ways

YES / NO	Displayed on Wrap Around Care Information/Notice Boards
YES / NO	As part of the School/Wrap Around Care Newsletter
YES / NO	As part of Hartlebury Church of England Primary School's Website

## **FOOD TASTING/COOKING ACTIVITIES WITHIN WRAP AROUND CARE**

I/We give permission for my/our child to take part in Food Tasting/Cooking Activities during Wrap Around Care.:

YES / NO
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## **USE OF ICT EQUIPMENT/DVDS WITHIN WRAP AROUND CARE**

On occasions the children have the opportunity to use the ICT Equipment provided in School and watching age appropriate DVD/Films.

I/We give my permission for my/our child to use the ICT Equipment and watch age appropriate DVDS during Wrap Around Care:

YES / NO	ICT Equipment
YES / NO	Age appropriate DVD's/Films

**Please speak to a member of the Wrap Around Care team if you have any questions relating to any of the above.**

## **AGREEMENT**

I/We have received the Wrap Around Care Information and Booking Form and will ensure my child follows the School's Code of Conduct whilst attending Wrap Around Care.

I/We are aware of the Booking Process for Wrap Around Care and understand any charges that will incur as a result of any Cancelled Sessions and late pick-ups.

I/We will inform the School Office or Wrap Around Care of any changes in circumstance or contact details and of any new or updated Allergies or Medical Conditions.

I/We will inform the School Office or Wrap Around Care of any changes to the person who will be collecting from After School Care with as much notice as possible and I/We understand a member of staff from the After School Care team will contact the Parent/Carers if the person collecting my/our child has not been passed on.

I/We will provide a Password for the Collection of my/our child when being collected by a person who is not the Parent/Carer and does not have Parental Responsibility.

I/We understand the person collecting my/our child must be over 16 years of age.

I/We understand my/our child will only be released to the Parent/Carer who has Parental Responsibility or any of the Authorised persons known to the Wrap Around Care team either via the completed Registration Form or information provided on the day.

Parent/Carer Name	
Signed	
Date	