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| Wrap Around Care Registration Form/Contact Update  **PLEASE COMPLETE ONE FORM FOR EACH CHILD** | |
| Name of Child |  |
| School Year Group |  |
| Date of Birth |  |
| School |  |
| Home Address |  |
| Postcode |  |
| Parent/Guardian  Name |  |
| Contact Number |  |
| Email Address |  |
| Emergency contact (1)  Name & Number |  |
|  |
| Emergency contact (2)  Name & Number |  |
|  |
| Does your child have any medical conditions or allergies we need to be aware of?  (Please clarify if ‘traces of’) |  |
| Dietary Requirements  (Vegetarian, Vegan, Religious) |  |
| Does your child have any additional needs that we may need to know? |  |
| **Password for pickup** |  |

*If there is confidential information that you do not wish to write on this form, please speak to Wrap around Leader.*