

Wrap Around Care Registration Form

Child's Details

Date of Registration:

First name:	Surname:	Preferred Name:
Date of birth and current age:	First language:	Name of key person:

Parent/Guardian details

Title	First name	Surname	Title	First name	Surname
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No <i>(If yes, please provide details overleaf.)</i>					

In addition to the above, please list below contact details of those permitted to collect your child *(these details will also be used if we are unable to get hold of you)*

Name:	Relationship to the child:
Home telephone number:	Mobile number:
Name:	Relationship to the child:
Home telephone number:	Mobile number:
Name:	Relationship to the child:
Home telephone number:	Mobile number:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Please detail any additional/special needs your child has: (please provide full details)
Please detail any dietary requirements / food allergies for your child: (please provide full details)
Is there anything your child doesn't like (food, games etc) or is scared of?
What are your child's favourite activities?

Signature of Parent/Carer

Date: