



Breakfast and Afterschool Club Registration Form

Child's name _____

Date of birth _____

To be collected by _____ (Unless otherwise advised)

Contact Email address _____

Emergency contact details

1. Name _____ Telephone number _____

2. Name _____ Telephone number _____

Does your child have any food allergies? Yes / No (Please delete as appropriate)

If yes, please give details _____

Any other dietary requirements? _____

Please write below any information you wish to supply e.g. medical requirements, illnesses, domestic circumstances, etc. _____

Terms and Conditions

By signing below, I confirm I have read and agree to the terms and conditions of detailed in the Wraparound Provision Policy on the school website.

Signed _____

Date _____

This form must be completed for each new academic year and handed to the School Office or Wraparound Supervisor prior to starting.



Co-Headteachers:
Mrs. Victoria Mowbray & Mrs. Kelly Wall

