

Cleadon Owls Wrap

Around Care Provision Registration Form

Full Name of Child:	
Date of Birth:	
Home Address:	
Postcode:	Telephone:

DETAILS OF THOSE WITH LEGAL PARENTAL RESPONSIBILITY:

Name:		Name:	
Relationship to child:		Relationship to child:	
Telephone Number	Home:	Telephone Number	Home:
	Mobile:		Mobile:
Email:		Email:	

DETAILS OF TWO PERSONS WILLING TO BE CONTACTED IN THE CASE OF EMERGENCY IF PARENT NOT AVAILABLE

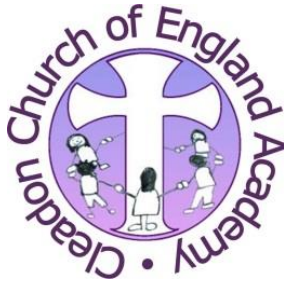
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Relationship to child:	Relationship to child:

Does your child have any Medical / Special Dietary conditions you feel we should be aware of?

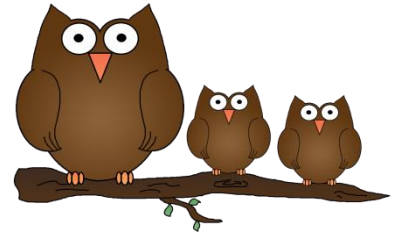
Allergies:
Dietary:

To comply with Data Protection Act 1998 we need your permission before we can photograph or make any recordings of your child. Your child's photograph may be published by the Academy from time to time in our prospectus, in local newspapers, at Academy open events, on our website or on our Facebook page (in accordance with the Academy AUP policy).

Parent / Carer's Signature:



Cleadon Owls Wrap
Around Care Provision
Booking Form



Term:.....

Start Date:.....

Child's Name:

Please tick the sessions that you require below:

Day	Breakfast Club (7:15am-9:00am)	Quick Pick Up (3:15pm-3:45pm)	After School 1 (3:15pm-5:00pm)	After School 2 (3:15pm-6:00pm)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Please book my child in for the days and sessions stated above. I will contact the Cleadon Owls' staff if my child is unable to attend a session.

Signed (Parent / Carer)

Date