



Churchfields Primary School

Headteacher Sarah Atherton

Deputy Headteachers Andrew Harper, Sally White



Quality First
Education Trust

John Grove Chief Executive Officer

Company Number 07768645

CHURCHFIELDS WRAP AROUND CARE REGISTRATION FORM

Child's Details

Child's Surname:	Forename:
Favoured Name:	Class:
DOB:	Male/Female:

Bill Payer's Details

Title:	Surname:	Forename:
Home Address:		
Does your child normally live at this address? Yes/No		
Home No:	Mobile No:	Work No:
Email address (clearly please):		

Emergency Contact Details

Title:	Surname:	Forename:
Home Address:		
Relationship to child:		
Home no:	Mobile no:	Work no:

Title:	Surname:	Forename:
Home Address:		
Relationship to child:		
Home no:	Mobile no:	Work no:



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In the event that my child is involved in a serious accident, I expect to be contacted immediately on the above telephone numbers. Should my child require immediate medical treatment and you have not been able to contact either of the emergency contact above, I hereby authorise the Manager or delegated member of staff to consent to emergency medical treatment on my behalf necessary to ensure the health and safety of my child. I understand this authorisation will remain valid unless I cancel it in writing.

Details of any Health & Medical Information

Any Special education needs?	
Any physical disability needs?	
Medical conditions?	
Regular medication - please specify? *	
Dietary requirements or restrictions/allergies?	
Any other information?	

*Please note that children who have been prescribed inhalers should have a working inhaler clearly labelled with their name, which they should bring to Churchfields Primary School. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to received Salbutamol from an emergency inhaler held in the school for such emergencies.



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Booking request

Please indicate which sessions you require your child to attend. Places are allocated on a first come basis and in the event that we are unable to accommodate your child you will be placed on a waiting list.

	Breakfast Club	After School Club
	7.45am to the start of school	Home time until 6pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Required start date: _____

Please state if you currently have an account, for another service, on Parentzone (e.g. Pre-school lunch club or another child in wrap around care) to make online payments: YES/NO (delete as appropriate).

Please note, once your wrap around care request has been approved by the school you are bound to the Terms and Conditions set out in the contract. The contract can be found on the school website or by requesting it from the school office.

Signature of Parent/Carer:..... _

Print name:.....

Date:

