



Seaton Sluice First School

WRAPAROUND CLUB



REGISTRATION FORM

Personal Details

Child's Name: _____ Date of Birth: _____

Parent/Guardian/Carer details:

Contact 1: _____ (Name)

Emergency Contact Number: _____

Email: _____

Contact 2: _____ (Name)

Emergency Contact Number: _____

Email: _____

Medical/Dietary Information

Please give details of dietary requirements, allergies or any medical conditions that we should be aware of:

Wraparound Required

Breakfast Club YES NO

Wraparound After School YES NO

If YES for after school wraparound, days required: (Please tick)

| | | | | |
|--------|---------|-----------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|

Are these set days (the same each week): YES NO

Do you require some flexibility with days due to commitments? YES NO

CONSENT:

- ✓ I agree to my child attending Seaton Sluice First School wraparound provision and give my consent for the information I have been provided to be used for the purposes of managing my child's attendance at the clubs, safeguarding and health and safety. (please tick)

YES NO

- ✓ I give my permission for my child to take part in organised activities whilst at wraparound care. (please tick)

YES NO

- ✓ I agree to photographic images of my child being taken and used for display or publicity material, including on the school website.

YES NO

- ✓ I understand that if I collect my child later than 5:30pm, a late collection fee of £5 will be charged.

YES NO

Signed: _____ Date: _____

Print name: _____

Please return to the school office by hand or by emailing:

admin@seatonsluicefirst.co.uk

