**Westdale Junior School**

**Wraparound Care Holiday Club Registration Form**

Please complete in **BLOCK CAPITALS** and return to the school office as soon as possible.

**Pupil’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Surname |  | Legal Forename |  |
| Date of Birth |  | Year/Class |  |

**Parent/carer Information – First Contact for Wraparound care**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title (Mr/Mrs/Ms/Miss/Dr) |  | Surname |  | | Forename |  |
| Relationship to student  (Parent/carer/Step Parent/Foster Parent) | | | | | Parental Responsibility Yes  No | |
| Address | | | | | | |
| Daytime Telephone No |  | | | Mobile No |  | |

**Second Contact** (Please make sure the person detailed below has given you consent to share their information.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title (Mr/Mrs/Ms/Miss/Dr) |  | Surname |  | | Forename |  |
| Relationship to student  (Parent/carer/Step Parent/Foster Parent) | | | | | Parental Responsibility Yes  No | |
| Address (if different to above) | | | | | | |
| Daytime Telephone No |  | | | Mobile No |  | |

**Collection Details** (This is the person who has your permission to collect your child from Wraparound, if different from the contacts named above. Please make sure the person detailed below has given you consent to share their information)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title (Mr/Mrs/Ms/Miss/Dr) |  | Surname |  | | Forename |  |
| Relationship to student  (Parent/carer/Step Parent/Foster Parent) | | | | | Parental Responsibility Yes  No | |
| Address (if different to above) | | | | | | |
| Daytime Telephone No |  | | | Mobile No |  | |

**Password**

|  |
| --- |
| Please choose a password to be used in the event that the contacts named above are unable to collect from Wraparound. The person you ask to collect your child **MUST** know this password. |
|  |

**Dietary Requirements**

|  |  |  |
| --- | --- | --- |
| Artificial colouring allergy | No dairy produce | Gluten Free |
| Kosher foods only | Halal | No Pork |
| Seafood Allergy | No nuts of any type or quantity | Vegetarian |
| Egg Allergy | Other (please give details) | |

**Medical Information**

|  |
| --- |
| Name, Address and Telephone number of doctors surgery: |

|  |  |
| --- | --- |
| Does your child have a specific medical condition? E.g. Allergies, Asthma, Hay Fever, Epilepsy, Arthritis, hearing difficulties, sight difficulties etc. | Yes  No |
| If Yes, please state the condition(s): | |

|  |
| --- |
| **Childcare Voucher Scheme:** |

**Image Rights**

1. Westdale Wraparound may take photos and/or videos of your child during normal club activities (e.g. art, baking, dressing up, playing games etc.) for use in displays for public areas of the school (e.g. reception and corridor displays) and in school newsletters distributed directly to named contacts.

***I give consent for the following to be used for these purposes***

Images and Name  Image only  Name Only  No consent

1. Westdale Wraparound may take photos and/or videos of pupils during normal club activities (e.g. art, baking, dressing up, playing games etc.) for use in publicly accessible media (e.g. newsletters on the school website, social media, television news articles, local press stories)

***I give consent for the following to be used for these purposes***

Images and Name  Image only  Name Only  No consent

1. Consent for use of any images in promotional campaigns (e.g. on the main pages of the school website, school prospectus etc.) or at public events will be sought prior to any images being used.

**CONSENT FOR SUNCREAM**:

I consent to holiday club staff assisting in administering suncream to my child when necessary Yes  No

Please sign below to acknowledge that you have read and understood the above information and to confirm the consents you have ticked above.

|  |  |  |
| --- | --- | --- |
| **Signature: (parent/carer)** |  | **Date:** |
| **Print Name:** |  | |