



Registration for Extended Care – Birches Club and Wraparound

Child's Name (in full)..... Date of Birth.....

Address.....

.....

Name of Parent/Guardian..... Title.....

Daytime contact number..... Evening

Other adult with parental responsibility.....

Relationship to child.....

Other adult with legal access.....

Collection Arrangements

I will collect my child Yes/No

Please list any other person(s) authorised to collect your child:

Name..... Telephone number.....

Relationship to child.....

Name..... Telephone number.....

Relationship to child.....

Medical Information

Does your child have any particular special need or medical need? Yes/No

Does your child have any specific dietary need (.....)? Yes/No

If so, has this been recorded on the school information in the office? Yes/No

I agree to emergency medical treatment/action if necessary Yes/No

Signed..... Parent/Guardian Date.....

(NB - All registrations are agreed unless you are contacted by the school. You may begin to use the provision from September)

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If you plan to use the facility from the beginning of term please indicate the days you wish your child to attend:

B (before school), **L** (nursery lunch club), **W** (afternoon nursery wraparound) and **A** (after school):

Child’s Name.....

Date of Birth..... **Class**.....

Day	Care
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Signed..... **Parent/Guardian**

Date.....