



EP Collier Wraparound Care Registration Form

CHILD DETAILS FORM - PARENT / CARER MUST SIGN BELOW			
Child Name		Gender	
Date of birth		Class	
Address			

Parent/Carer 1	
Name	
Phone number	
Email	
Relationship to child	

Parent/Carer 2 / Alternative emergency contact	
Name	
Phone Number	
Email	
Relationship to child	

Childs Doctor		Tel No:	
Medical conditions / Allergies:			
Dietary requirements:			
Any equalities information we need to be aware of?			
Regular Medication:			



I agree to EP Collier Primary School terms and conditions as set out in the Wraparound Care policy including but limited to the following:

1. Late pick up after 6pm will incur additional fees.
2. Repeated late pick ups will result in my child not being able to attend After School Club.
3. My child will be picked up from After School Club by someone over the age of 16
4. If I do not cancel my place at Early Bird Club by 2.30pm the previous school day or After School Club by 9.00am I will not be able to transfer payment to another session and no refund will be given.
5. I give consent for the administration of first aid treatment for my child or in the event of a medical emergency to contact the emergency services.
6. I will inform EP Collier Primary School of any medication that may need to be administered to my child whilst attending Wraparound Care.
7. I accept responsibility for informing EP Collier of any food allergies or dietary restrictions known now or in the future.

Signed:
Name:
Date: