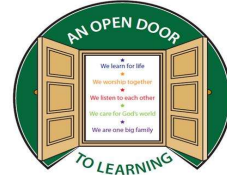




Yapton C. of E. Primary School Emerald Explorers Club (Wrap Around Care)



Registration Form

Date of Registration: _____

Child's Details

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:	First language:	Year Group:
		Name of class:

Parent/Carer details

Title:	First name:	Surname:	Title:	First name:	Surname:
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details on separate sheet.)					

Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor and Medical Needs

Name of Doctor:	
Address:	Telephone:
Does your child have any known medical problems? (Please list)	
Please detail any medical needs your child has/medication taken:	
Does your child have any known allergies?	
Any other medical information?	

About your child

Please detail any additional/special needs your child has: (please provide full details)

Please detail any dietary requirements/ food allergies for your child: (please provide full details)

Is there anything your child doesn't like (food, games etc.) or is scared of?

What are your child's favourite activities?

I have read the Emerald Explorers Club policy and agree to the terms and conditions.

Signature of Parent/Carer:

Date: