

Mawnan C of VA Primary School

WRAPAROUND REGISTRATION FORM

This form must be completed prior to booking your child on Wraparound sessions at Mawnan School. Please email completed forms to wraparound@mawnanschool.com or drop a paper copy to school office.

Please complete a separate form for each child.

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| --- | --- |
| **CHILD’S NAME:**  |  |
| **Date of Birth:** |  |
| **Parent/Carer’s Details:**  |
| **Contact 1** | **Name:**  |
| **Relationship to Child:**  |
| **Contact Number:**  |
| **Email address:** |
|  |
| **Contact 2** | **Name:**  |
| **Relationship to Child:**  |
| **Contact Number:**  |
| **Email address:** |
|  |
| **Contact 3** | **Name:**  |
| **Relationship to Child:**  |
| **Contact Number:**  |
| **Email address:** |
|  |
| **Does your child have any medical conditions? Please delete as appropriate**: **Yes/No** |
| **If yes, please give details of medical condition below and details of any medication that may need administering during their time at Wraparound:** |
| **Does your child have any food allergies? Please delete as appropriate: Yes/No** |
| **If yes, please give details of any food allergies that we need to be aware of:** |
| **Is your child is entitled to Free School Meals through Pupil Premium Funding? Please delete as appropriate: Yes/No** |
| **Will you be using Child Care Vouchers/Government Online Tax-Free Childcare Account? Please delete as appropriate: Yes/No** |
| **If yes, please give details of your Child Care Voucher Provider:** |
| **PASSWORD FOR PICK-UP:** |  |

Please email your completed form to wraparound@mawnanschool.com