



## **St Mark's Wraparound Care Registration Form**

OFSTED NUMBER for claiming back Government Childcare vouchers: 142445

**Child's Name** \_\_\_\_\_  
**Address** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Of Birth** \_\_\_\_\_

**Home Tel No.** \_\_\_\_\_

**Work Tel No.** \_\_\_\_\_

**Parent's/Carer's Names**  
\_\_\_\_\_  
\_\_\_\_\_

**Mobiles** \_\_\_\_\_

**Email** \_\_\_\_\_

**1<sup>st</sup> Emergency Contact**  
**Name** \_\_\_\_\_  
**Relationship** \_\_\_\_\_  
**Address** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2<sup>nd</sup> Emergency Contact**  
**Name** \_\_\_\_\_  
**Relationship** \_\_\_\_\_  
**Address** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel No** \_\_\_\_\_

**Tel No** \_\_\_\_\_

**Name of person/s collecting child** \_\_\_\_\_

(I must have prior notification if anyone other than named person collects)

**Password** \_\_\_\_\_

### **Food/Allergy**

My child has **no** food allergies

My child is allergic to / should not eat \_\_\_\_\_

### **Medical History**

Does your child have any known medical problems? If so, please list below.

\_\_\_\_\_  
\_\_\_\_\_

### **Care Plan /Additional Support**

\_\_\_\_\_  
\_\_\_\_\_

**Please tick below**

**Yes      No**

I give permission for my child to receive first aid.

    

I give permission for my child to have their photograph taken and used around the setting.

    

I give permission for my child to have nail polish applied on a Friday (this must be removed at home before school on Monday)

    

**Video/DVD Guidance**

We may on occasion allow the children attending 'Smash Club' to watch suitable PG Videos/DVDs

I give permission for my child to watch PG videos/DVDs.

**Late fees**

Children must be collected at 5:30pm latest, late collection of your children will incur a charge of £5 per 5 minutes past collection time.

**For your information:**

We are obliged to inform Social Services if we have any concerns regarding Child Protection.

**Any other information you would like to give us to meet your child's needs**

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**Signed** \_\_\_\_\_

**Dated** \_\_\_\_\_