

***Twiss Green Community Primary School***

**Wrap Around Care Registration Form 2024 – 2025**

**Ofsted No 11 11 95**

A registration form must be completed for **each child who attends ‘T.G. Wrap Around Care’**.

Upon the arrival in the morning, they we be marked in on the register. At the start of the school day children will be escorted to their respective classrooms. **Drop Off starts at 07.30 am**.

At the end of the school day, children will be collected from the classroom and marked in on the register.

**Children must be collected from the club before 6 pm.**

Please Keep the club updated with any changes of personal details.

**Phone number – 07909 461 439** or **01925 762346.**

**This registration form will be re-issued annually.**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Full Name  |  | Preferred Name |  |
| Address |  | What Date would you like it to start |  |
| Telephone Number |  |
| E-mail address |  |
| Date of Birth |  | School Year in Sept 2024 |  |
| Name of parents |  |  |
| Address (if different from above) |  |  |
| Evening Phone Number |  |  |
| Daytime Phone Number(s) and place(s) of workWork tel |NoMobile tel No | Parent/Carer 1 | Parent/Carer 2 |
| **Please tick your intentions of the sessions that you would be requiring, to enable us to work out the staffing levels needed.**  |
| Days and Times required | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 07.30 drop off |  |  |  |  |  |
| 08.00 drop off |  |  |  |  |  |
| 18.00 collection |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Name of child’s doctor |  |  |
| Address |  |  |
| Telephone Number |  |  |
| Does your child have any known medical of behavioural problems?e.g. allergies to foods or plasters,regular medication (please list) |  |  |
| Any other information that you feel might be important – including any special needs not mentioned above. |  |  |

I consent to any emergency medical treatment necessary during the running of the club. I authorise the staff to sign any written form of consent required by hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child’s health and safety.

 **YES / NO\***

I consent to photographs of my child being taken for Wrap Around Club to use – displays boards within school.

 **YES / NO\***

 \* Delete as appropriate

All pre-booked sessions must be paid in advance via Parent Pay.

If you are paying via tax free vouchers, please contact the main office to make the arrangements for this facility.

**Fees – please note fee changes.**

Forty places available daily Five places Ad hoc available daily

Arrival from 07.30am - £7.00 08.00am - £6.00 Ad Hoc - £7.50 subject to availability

**N.B. Breakfast will not be served to children arriving after 08.15am**

After School £12.00 per session Ad Hoc - £13.50 subject to availability.

**Parent/Carer Declaration and Agreement**

* All pre-booked sessions must be paid in advance via Parent Pay.
* I understand that any ad hoc sessions will rise a debit the same day on ParentPay.

- I understand that the information included herein will be held for the duration of the academic year to which

 it relates and will be used only to provide appropriate care for the child named.

- I agree to update any information as soon as it changes

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_