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

***Twiss Green Community Primary School***

**Wrap Around Care Registration Form 2023 – 2024**

**Ofsted No 11 11 95**

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**.

Children will be collected from the classroom and marked in on the register. **Children must be collected from the club before 5.45pm.**

Please Keep the club updated with any changes of personal details. **Phone number – 07909 461 439** or

**Breakfast Club Supervisor** Npullen@twissgreen.net **After School Club Supervisor** Staylor@twissgreen.net

**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 2023 |  |
| Name of parents |  |  |
| Address (if diff from above) |  |  |
| Evening Phone Number |  |  |
| Daytime Phone Number(s) and place(s) of workWork tel |NoMobile tel No | Parent/Carer 1 | Parent/Carer 2 |
| Days and Times required | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 07.30 drop off |  |  |  |  |  |
| 08.00 drop off |  |  |  |  |  |
| 17.45 collection |  |  |  |  |  |
| Are any of these days flexible in case of oversubscription on certain days? |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 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

**Fees – please note fee changes.**

Forty-eight places available daily:

Arrival from 07.30am - £6.00 08.00am - £5.00 Ad Hoc - £6.50 subject to availability.

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

After School £10.00 per session Ad Hoc - £11.00 subject to availability.

**Parent/Carer Declaration and Agreement**

**-** I understand that fees will be invoiced on a half-termly basis to the main parent/carer as detailed overleaf.

- I understand that **fees are payable WITHIN TWO WEEKS of the date of the invoice.**

**-** I understand that I will be charged for the number of days my child is registered (regardless of attendance) and that any changes to the registered days must be made via email prior to the commencement of the next half term.

- 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_