

**WRAPAROUND REGISTRATION FORM**

This form must be completed prior to booking your child on Wraparound sessions at Perran-ar-Worthal School. Please email completed forms to [**wraparound@perran-ar-worthal.cornwall.sch.uk**](mailto:wraparound@perran-ar-worthal.cornwall.sch.uk)

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? Please delete as appropriate: Yes/No** | | | |
| **If yes, please give details of your Child Care Voucher Provider:** | | | |
| **PASSWORD FOR PICK-UP:** | | |  |

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