

Registration Form and Declaration of Consent to the Terms and Conditions for

St Polycarp's Catholic Primary School Wraparound Care Clubs

Please complete and return this form to the school office

Child's NameClass.....Birth Date.....

Parents' Name/s.....

Home Address.....

Parent's Contact number: (Home/Mobile).....

Emergency Contact Telephone Numbers:

1: Name..... Telephone numbers

2: Name..... Telephone numbers

3: Name..... Telephone numbers

For security reasons, please provide a password. Authorised adults will be required to give the correct password before they will be allowed to collect your child. Please do not share the password with your child.

Password:

Please list any allergies or other medical information for your childcare plans should be emailed separately to hive@stpolicarps.surrey.sch.uk:

I wish to pay for Wraparound Care using Childcare Vouchers

Yes/No

Name of Childcare Voucher provider Name on Account

I certify that the child I am enrolling is allowed to attend Wraparound Care clubs and in the event of an accident I hereby give my consent for a trained member of staff to administer first aid or to seek emergency medical advice or treatment on my behalf. Sessions can be booked via SCOPAY and payment should be made in advance or within a week where Childcare Vouchers are used as payment. Please refer to the Wraparound Care Policy for full details of cancellation policies and payment terms.

I confirm that I have read and will adhere to the Terms and Conditions relating to St Polycarp's Catholic Primary School Wraparound Care clubs.

Signed..... Name Date