



Applegarth Wrap Around Care (ABC and After School Care)
Child Registration Form

Name of Child: _____

Date of Birth: _____

Address: _____

Name of Parent/Carer: _____

Landline Telephone No. _____ Mobile No. _____

Name of all persons with parental responsibility: _____
(if different from above)

Emergency contact details (approved to collect):

Name	Contact number	Approved collector (Yes/No)

Password for collection _____

Consent to walk home after club (10 years +): Yes/No/NA

GP Details

Surgery: _____ Doctor: _____

Address: _____

Telephone No. _____

Food Allergies – does your child have any food allergies Yes / No If Yes, please provide details below:

Any further information we need to know medical or otherwise:

Does your child have full photographic consent on file in school? Yes/No

Parent/Carer Signature: _____

Print Name: _____

Date: _____