



# BB WRAP Club Registration Form

## Breakfast & After School



Child's name

Date of Birth

Doctor's name, address  
and telephone no.

Name:

Address:

Tel:

Name:

Address:

Tel:

Any other relevant medical/dietary information (i.e. Allergies, family, medical history etc.)

Parent/Carers Name

Address

Emergency Contact Telephone Numbers

Home	Mobile	Work
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Emergency contacts:

Name	Relationship to child	Mobile no.	Home no.	Work no.

Session must always be booked and paid for in advance - breakfast club booking made with Ms McKinlay on 07511 115205 and after school club booking via Miss Harris on 07757 063383. Please discuss current fees with club leaders. We may not be able to accommodate children arriving without prior booking due to limited numbers. Late collection from WRAP club will incur penalty charges. There will be a charge of £5 for every 5 minutes per child.

In the event that the child is involved in a serious incident whilst at the club, I expect the Manager, or a delegated member of staff, to contact me immediately on the above emergency contact number.

In the event that my child requires emergency medical treatment before I will be able to get to the hospital I hereby authorise the Manager, or delegate member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the Manager to withdraw it. I have read and agree to the terms and conditions of the club.

Parent/Carer

Print name:

Signature:

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date