



CHESSWOOD JUNIOR SCHOOL

Wrap around Care Registration Form



Child details	
Child's Name:	School:
Date of Birth:	Class:
Parent Contact details	
Name:	Address:
Telephone number:	Email address:
Relationship to child:	

Booking Information
<p><i>On receipt of the registration form a link to create a MyChildAtSchool account will be sent by email. Once created, bookings and payments can be made for After School Club. Please ensure that your child's class teacher is aware when they are attending After School Club.</i></p> <p><i>Please note we cannot refund payments without one week's notice of cancellation. If your child is unable to attend a booked space, please contact the school on 01903 204141 to confirm absence.</i></p>

Additional Needs
<p><i>Please state if your child has any significant additional needs, eg social, emotional and behavioural needs so that we can consider whether the necessary adjustments can be made to meet these needs. A review of this additional support will be carried out with you before the child attends After School Club.</i></p>

Medical Information	
<i>Please state any medical conditions your child has, i.e.; Allergies, Asthma, Diabetes</i>	
Allergies:	Medical Conditions:
Prescribed Emergency Medication:	

Should my child need to take medication for a life threatening condition - I authorise / do not authorise the staff to administer this medication as prescribed and on my written instruction only.*

I give consent for the staff to administer first aid to my child.

Signed

I give consent for my child to travel in the Chesswood minibus. (only in exceptional circumstances)

Dated

**Please delete as appropriate*