



Frieth Falcons Wraparound Care
Registration Form

Sessions Required Please circle <small>(NB This is an indication to enable effective planning, a booking form will still be required before a place is confirmed)</small>	Breakfast Club Mon Tue Wed Thur Fri	Afterschool Care Facility Mon Tue Wed Thur Fri
Child's Name:		Date of Birth:
Address:		Telephone Number:
Mother:		Contact Number:
Father:		Contact Number:
Other:		Contact Number:
Doctor's Name:	Address:	Telephone Number:
Trusted Person/s allowed to collect my child:		
Name(s):	Address(es):	Telephone Number(s):
Who should we contact first in case of emergency?		
Does your child have any known medical problems? If yes please give full details		
Does your child have any dietary requirements?		
Vaccinated for Tetanus?	Yes/No	Date:
Does your child have any special needs or learning difficulties? If yes please list them		
Is there any other information you wish the Play Leaders to know about your child? (e.g., celebrations, events, religious festivals)		
Preferred Method of Payment: (please tick one) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> BACs <input type="checkbox"/> Cheque <input type="checkbox"/> Cash </div>		