



Booking form for Balshaw Lane Wrap Around Care

Child's Name:

Class:

Sessions requested:

Session	Monday	Tuesday	Wednesday	Thursday	Friday
7:45-8:55am					
8:15-8:55am					
3:20-5:45pm					

Requested start date:

Does your child have any medical needs? State none if no medical needs.

Medical Need	Medication or specific care required

Does your child have any allergies? State none if no allergies. State if there is a care plan in place.

Allergy	Medication or specific care required

Does your child have any additional needs the staff need to be aware of? Please detail.

Are photographs of your child allowed to be posted online via our school Facebook page or our website?

Facebook: Yes / No

Website: Yes / No

Contact details:

Contact details	Name	Contact number	Relationship
Priority 1			
Priority 2			
Priority 3			

Child's home address:

Permission for collection:

Name adults who are allowed to collect your child:

Name	Relationship to child