



**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