Breakfast & After School Wraparound

Contact Details

*All information will be treated as confidential*

|  |  |
| --- | --- |
| **Name of Child** |  |
| **Address** |  |
| **Post Code** |  |
| **Home Telephone number** |  |
| **Mobile Telephone number** |  |
| **1st Emergency contact (after parents) Name:****Relationship:** **Telephone:** | **2nd Emergency contact (after parents) Name:****Relationship: Telephone:** |
| **Allergies:-****Medical Information:-** |  |
| **Names of adults with consent to collect from Wraparound.** |  |

*Please tick or mark with a Y to confirm you have read and understood the Terms and Conditions and the Extended School Policy*

**Signed** ……………………………………….. Print …………………………

**Date** ………………………………………….