



Larks' and Owls' Wrap Around Care Registration Form

First name:	Surname:
Date of birth and current age:	What s/he likes to be called:

Parent/Carer details

Title:	First name:	Surname	Title:	First name:	Surname
Relationship to child:			Relationship to child:		
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No <i>(If yes, please provide details overleaf.)</i>					

Authorised Adults for child collection

Title:	First name:	Surname	Title:	First name:	Surname
Relationship to child:			Relationship to child:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:

Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Please detail any additional/special needs your child has: *(continue overleaf if necessary)*

Please detail any dietary requirements / food allergies: *(continue overleaf if necessary)*

What are your child's favourite activities? What do they enjoy doing in their free time?

Signature of Parent/Carer

Date:

*All information will be kept confidential in line with our **Data Protection Policy** and our **Privacy Notice**.*