**Nursery Wraparound and**

**Breakfast and After School Club at**

**Baldwins Gate CE Primary School**

**Registration Form for**

**Nursery Wraparound and BUZZ Breakfast/After School Club**

**Once complete, please return this form to the school office.**

|  |  |
| --- | --- |
| Child’s Name (in full) |  |
| Date of Birth |  |
| Address |  |
| Name of Parent/Guardian |  |
| Title |  |
| Daytime Contact Number |  |
| Mobile Number |  |
| Other adult with parental responsibility or legal access |  |
| Relationship to child |  |
| Contact Numbers |  |
| **Collection Arrangements** | |
| Please list any other person(s) authorised to collect your child: |  |
| Name and Relationship |  |
| Telephone Number |  |
| Please supply a password that can be used |  |
| **Medical Information** | |
| Does your child have any particular special need or medical need? | Yes/No |
| Please provide information |  |
| If so, has this been recorded on the school information in the office? | Yes/No |
| Does your child have any specific dietary need? | Yes/No |
| I agree to emergency medical treatment/action if necessary | Yes/No |
| I agree to abide by the terms and conditions of Baldwins Gate Primary School’s Extended Provision (Nursery Wraparound and Breakfast and After School Club). | |
| Parent/Carer’s signature: |  |
| Date: |  |
| Please complete and return to school with the appropriate terms and conditions document(s). | |