

**RECORD OF INFORMATION**

START DATE Office use only

FINISH DATE Office use only

FULL NAME OF CHILD

DATE OF BIRTH

FULL ADDRESS

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS OR EXTRA HELP  
REQUIRED FROM US TO ATTEND OUR SETTING?

EMAIL ADDRESS

TELEPHONE NUMBER

WHAT ACTIVITIES DOES YOUR CHILD LIKE DOING?

WHAT LANGUAGE IS SPOKEN AT  
HOME?

WE WORK WITH THE SCHOOL DO WE HAVE PERMISSION TO TALK  
TO YOUR CHILDS TEACHER IF NEEDED. .... YES/NO

**PARENTS DETAILS**

NAME

PLACE OF WORK

TELEPHONE NUMBER: WORK

TELEPHONE NUMBER: MOBILE

**PARENTS DETAILS**

NAME

PLACE OF WORK

TELEPHONE NUMBER: WORK

TELEPHONE NUMBER: MOBILE

PLEASE NAME ALL PEOPLE WHO HAVE PARENTAL RIGHTS FOR THIS CHILD  
AND WHO DOES THE CHILD LIVE WITH?

OTHER EMERGENCY CONTACT DETAILS AND TELPHONE NUMBER IF PARENT  
UNAVAILABLE

1.

2.

CHILDS DOCTORS NAME & ADDRESS

IMMUNISATION RECORD

ANY OTHER INFORMATION YOU FEEL WE SHOULD KNOW ABOUT YOUR CHILDS NEEDS?  
ARE THERE ANY OTHER AGENCIES INVOLVED WITH YOUR CHILD THAT WE NEED TO BE  
AWARE OFF. *E.G SOCIAL CARE, SPEECH AND LANGUAGE?*

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ANY ALLERGIES .....

OTHER RELEVANT HEALTH DETAILS (i.e. asthma) .....

NAME OF PERSON COLLECTING CHILD  
+ PASSWORD IN CASE WE DO NOT  
KNOW THIS PERSON .....

ANY SPECIAL DIETRY NEEDS .....

ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CHILD (Please include  
any religious or multicultural needs) .....

Ethnicity this section is optional to complete:

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

Any other ethnic background

**RECORD OF INFORMATION**

**Child's name**.....**DATE SIGNED**.....

As the parent/guardian of this child I agree to pay my child's fees on time and will give 4 weeks term time notice to terminate my child's care with Farlington Wrap Around or four weeks fee's in lieu of notice. All fees will be paid in full even if my child does not attend booked sessions.

**Parent/Carer signature**.....

In the event of a medical emergency I give permission for the Farlington Wrap-Around staff to seek emergency medical advice/treatment for my son/daughter.

**Parent/Carer Signature**.....

I give permission for photographs of my son/daughter to be taken. These can be used on Social media/Website/Display boards.

**Parent/Carer Signature** .....

I give permission for my child's details to used on the club database and shared with school's/safeguarding if required.

**Parent/Carer Signature**.....

I give permission for the staff of Farlington Wrap-Around Service to administer Sun Screen Cream. Club will provide this if child does not bring their own.

**Parent/Carer Signature** .....

I give permission for my child to be given 10ml of calpol if required. Staff will try to contact me prior to the medication being administered.

**Parent/Carer Signature** .....

I give permission for my child to be taken of site for local activities as they arise.

**Parent/Carer Signature** .....