

RECORD OF INFORMATION

START DATE Office use only

FINISH DATE Office use only

NAME OF CHILD

DATE OF BIRTH

Male/Female

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?*

RECORD OF INFORMATION

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

I am 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 Sunscreen Cream. FWAS 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