

**THE COLLETON PRIMARY SCHOOL
WRAPAROUND
WRAPAROUND REGISTRATION FORM**

Child Surname:

Forename(s)

Child's year group at time of joining: Little Acorns / F / 1 / 2 / 3 / 4 / 5 / 6

AM sessions required: MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY

PM sessions required: MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY

Start date (*for Ad Hoc bookings please enter AH*):

Two family contact details (full name and number):

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Any Medical conditions:

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Dietary requirements:

.....

Password of your choosing for collection:

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Summary of Policies and Procedures

Please ensure that you read the full version of our policies and procedures. These govern the way our club is run. Your attention is drawn to the following key points:

1. Sessions must be booked a term in advance and payment received by the beginning of each term in order for the place to be secured.
2. All family members and staff will be required to observe the Wraparound policies at all times.
3. The school will not accept any responsibility for loss or damage of personal belongings. It is therefore recommended that children do not bring valuable items to school.

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I have read the Wraparound Summary of Policies and Procedures and agree to abide by them.

Signed.....(family member)

Name & relationship to child (please print)

Date.....