



Inglewood Wraparound Care Registration Form 2025-2026

Full Name of Child _____ Date of Birth _____ Gender M/F

Preferred Name _____ Religion _____ First Language _____

School _____ Year _____ Class _____ Teacher _____

Name of Parent/Carer _____ Name of Parent/Carer _____

Relationship to child _____ Relationship to Child _____

Address _____ Address _____

Parental Responsibility Yes/No _____

Parent Responsibility Yes/No _____

Home No: _____

Home No: _____

Mobile No _____

Mobile No _____

Work No _____

Work No _____

Email address _____

Who does the above child normally live with? _____

Doctor Name _____

Phone No _____

Health Visitor Name _____

Phone No _____

Emergency Contacts (must have 2 contacts)

Name 1 _____

Name 2 _____

Relationship to Child _____

Relationship to Child _____

Address _____

Address _____

Phone No _____

Phone No _____

Additional Contacts

Name 3 _____

Name 4 _____

Relationship to Child _____

Relationship to Child _____

Address _____

Address _____

Phone No _____

Phone No _____

Please provide us with a password which can be used if someone other than the people named above will be collecting your child. Password.....

Does your family have a social care worker for any reason? YES/NO _____

Name _____ Based at _____

What is the reason for the involvement of the social care department with your family?

Has your child any dietary requirements? (to be discussed further with a member of staff)

Has your child any allergies? (to be discussed further with a member of staff)

Has your child any disabilities/special needs or health requirements that we need to be aware of? This will be confidential and discussed further with at a meeting with you

Permissions

I give permission for my child (please sign beside each line if you agree)

Receive Basic First Aid/Emergency Treatment _____

Be supported when applying their sun cream _____

Have photos taken for club use or EYFS File _____

Be in publicity photos e.g. local paper or website _____

Parent/Carer signature 1 _____ Date _____

Parent/Carer signature 2 _____ Date _____

Manager signature _____ Date _____

PLEASE INFORM US OF ANY CHANGES RELATING TO THIS REGISTRATION FORM

Club(s) your child attends please circle

Breakfast Club After School Holiday Club

Please state which days/times you would like below

Breakfast Club	Monday	Tuesday	Wednesday	Thursday	Friday
After School Club	Monday	Tuesday	Wednesday	Thursday	Friday