**Wraparound Care Form**

Child’s Name(s):

Class/Year Group

Please confirm the wraparound care required (tick all applicable):

[ ]  Breakfast Club

[ ]  Afterschool Club

**Please confirm 3 contact details:**

**Contact 1**

Name and relationship to child:

Telephone Number(s): Mobile: Work:

Home:

**Contact 2**

Name and relationship to child:

Telephone Number(s): Mobile: Work:

Home:

**Contact 3**

Name and relationship to child:

Telephone Number(s): Mobile: Work:

Home:

I confirm the above details are correct and that I am aware any bookings need to made in advance on ParentPay and additional charges will be applied if I do not collect my child/ren on time.

Please list any allergies:

Signed: (parent/guardian)