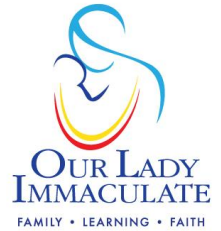




Our Lady Immaculate Catholic Primary School



ADMISSION FORM

WRAP AROUND CARE

The information that you provide on this form will only be held and disclosed in accordance with the Data Protection Act 1998. All information collected is treated with the utmost care and strict guidelines are followed in relation to how we process and disclose information.

Full Name of Child : Surname or Family Name **Date of Birth**
Forename/ Preferred Forename **Gender** M/F

Address :
..... Post Code Home Tel No Mobile No

Emergency Contacts During School Hours :

1st Contact : Name Home/Mobile Tel No
Address: Relationship to Child

2nd Contact : Name Home/Mobile Tel No
Address: Relationship to Child

Names of Persons Authorised to collect your child (including contact numbers).....
.....

Religion (if any)..... **Ethnicity**.....

Languages Spoken.....

Doctor's Name **Doctor's Telephone Number**.....

Doctor's Address

Health Visitors Name/ (if applicable)..... **Telephone Number**.....

Health Visitors Address

Record of Immunisations (including dates).....
.....

Details of any Significant Health Issues (including a special educational needs and/or physical disabilities statement)
.....

Details of any Special Dietary Requirements, Allergies and Significant Food and Drink Preferences

.....
Do you consent for member of staff at the Club to apply sun cream to you child in hot conditions **YES/NO**

Any other relevant information.....
.....

Please indicate below the wrap around sessions that you will require for your child.

Monday	Tuesday	Wednesday	Thursday	Friday

I hereby consent for my child to take up a place at this Club, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the Club, and agrees to abide by them.

I understand that persistent late or non-payment to fees will jeopardise my child's continued attendance at the Club.

I confirm that the information given is correct, and I promise to contact the Manager as soon as any of the details change.

Signature of Parent/Carer..... **Date**.....

If you have any questions or comments please get in touch with Mrs Brown