



## SUNSHINE WRAPAROUND CLUB REGISTRATION FORM

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male / Female **Please circle**

Class \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Parent/Carer Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Emergency Contact Number (For use during before/after school club):

\_\_\_\_\_

### DECLARATION

I have read and agree to the Sunshine Club terms and conditions. My child will abide by the school behaviour policy.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Parent /Carer Name \_\_\_\_\_



### **MEDICAL INFORMATION**

Does your child have a medically diagnosed condition (e.g. Asthma, Diabetes, Epilepsy etc.)? Yes / No **Please circle**

Please Specify: \_\_\_\_\_

Does your child suffer from any medically diagnosed ALLERGIES? Yes / No **Please circle**

Please Specify: \_\_\_\_\_

Current medication \_\_\_\_\_

Dietary requirements \_\_\_\_\_

### **G. P's Details:**

G. P's name \_\_\_\_\_ G.P.Tel.No. \_\_\_\_\_

Surgery Name/Address \_\_\_\_\_

The Sunshine Breakfast Club will provide a breakfast before 8.30am (e.g. cereal, toast and fruit)

The After-School Club will provide a snack (e.g. fruit and crumpets)

My child should not eat the following foods: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Carer Name \_\_\_\_\_

Please keep us informed of any changes to the above information