



St Joseph's Wraparound Care Registration Form

Please complete and return this form to the school office or email a copy to info@stjosephsguildford.com

Child's NameClass.....Birth Date.....

Parents' Name/s.....

Home Address.....

Parent's Contact number: (Home/Mobile).....

Parent's email address for invoicing purposes.....

Emergency Contact Telephone Numbers: We will use the emergency contact numbers from your child's school record. Please ensure these are up to date prior to each holiday camp period.

Allergies and/or other Medical Information: We will use the information we already hold on your child's school record.

Please circle which provisions you would like your child registered for:

BREAKFAST CLUB

AFTER SCHOOL CLUB

HOLIDAY CAMP

On completion of this form your child will be added to the respective registers and you will be able to see the sessions and book them through your Parentmail app.

Booking request (please circle) Regular Adhoc

Will you be using a Tax Free Childcare Account / Childcare vouchers: YES / NO

Please use the box below to give us any other information that may be relevant.

I certify that the child I am enrolling is allowed to attend Wraparound Care and in the event of an accident I hereby give my consent for a trained member of staff to administer first aid or to seek emergency medical advice or treatment on my behalf. All sessions must be paid for in advance. Please be aware that if you are using Child Care Vouchers or a Tax Free Childcare account, there will be a delay between you booking, and your account reflecting the receipt of your payment.

Please read the Wraparound Care Policy for full details of cancellation policies and payment terms.

Signed..... Name Date