



Charmouth Primary School

Coral Wraparound Care Registration Form

Child's Full Name		
Parent/Carer Name's	1. (<i>Payee</i>)	2.
Relationship to Child		
Address		
Contact Telephone	Mobile: Home: Work:	Mobile: Home: Work:
Email		
Names and numbers of other adults who may collect your child. (Max.3)		
1		
2		
3		
Does your child have any of the following? (Use another sheet if necessary)		
Medical Conditions?	Y/N	
Special Educational Needs?	Y/N	
Allergies / Intolerances?	Y/N	
Special Dietary Needs?	Y/N	
Photo consent for social media?	Y/N	
Anything else we should know?		

Parent/Carer Signature I have legal parental responsibility for the above-named child. I have read and accept the Terms and Conditions of Pelican After School Club, which are found both on the school website and overleaf. This includes a minimum notice period for any cancellation or reduction to the days booked.

Parents signature.....Date.....