

**HAMSEY COMMUNITY SCHOOL
THE WRAP AROUND CARE REGISTRATION AND BOOKING FORM**

CHILDS DETAILS

Name		DOB		Class	
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PARENT/CARER CONTACT DETAILS

Name					
Home Tel		Mobile		Work No	
Email					

OTHER EMERGENCY CONTACT DETAILS

Name & Address :	Relationship :
Home Tel :	Mobile :
	Work :

Booking form – AFTER SCHOOL CARE
Tick the day and session you wish your child to attend

Sessions	Monday	Tuesday	Wednesday	Thursday
<i>Full Session</i>				
<i>Half Session</i>				
<i>After a School Club</i>				

Requested dates:
I would like my child to attend from _____ to _____

Booking form – BREAKFAST CLUB
*Tick the day and session you wish your child to attend**

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
<i>07.45 – 08.45</i>					
<i>08.00 – 08.45</i>					

*this is a drop in club, but any advance notice of places required will assist us to ensure adequate staff are available.

Requested dates :
I would like my child to attend from _____ to _____

PERSON AUTHORISED TO COLLECT MY CHILD

Name :	Relationship :
Tel:	Mobile:
	Work:

Any others authorised :
Name & Tel

In signing this form, I declare the information to be true and accurate. I have read the Terms and Conditions of the Hamsey School Extended Services and agree to follow its policies and procedures including the late collection policy, all stated in our After School Care Leaflet.

Name : _____

Signature : _____

Date : _____