



**'Let your light shine' – Matthew 5:16**  
**Our Current Core Value: Perseverance**

## Wraparound Registration Form

### PERSONAL DETAILS

Child's name:		Child's surname:	
Date of birth:		Class:	
Home address:			
Post code:			
Email address:			

### EMERGENCY CONTACT DETAILS

Emergency contact 1:

Name:	
Relationship:	
Contact number:	

Emergency contact 2:

Name:	
Relationship:	
Contact number:	

### MEDICAL

Please list any medical conditions, allergies, special needs.

---

---

---

---

**DIETARY REQUIREMENTS:**

Please detail any dietary requirements:

---

---

---

---

**COLLECTION:**

Adults permitted to collect from Wraparound provision:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**GENERAL DATA PROTECTION REGULATIONS (GDPR) & DATA PROTECTION ACT**

Bedlington Whitley Memorial C of E Primary School is registered under the General Data Protection Regulations and Data Protection Act for holding personal data. We have a duty to protect this information and to keep it up to date. The School is required to share some of the data with the Local Authority and the DfE.

**CONSENT**

I give consent to my child receiving medical treatment in the event of an emergency.

I understand that Bedlington Whitley Memorial C of E Primary School Wraparound provision cannot accept responsibility for my child's possessions or valuables whilst they are attending the club.

I confirm that my child will abide by the school's policies and rules, including the behaviour expectations of the Wraparound provision, and understand that failure to do so may result in their place being reviewed or withdrawn.

Signed (Parent/Guardian): \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:**

If any of these details change, please inform us **immediately**. You may be asked to complete a new emergency contact form if we have difficulty contacting you on the numbers given.