Sir Robert Hitcham CEVAP School

Wraparound Care 2026/2027 Registration Form

Please complete and return to the School Office

Child's Forename		**Child's Surname**	
Class		**Date of Birth**	
Address			
Contact Number 1		**Contact Number 2**	
Email			

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please place the contacts in the order that you wish for them to be contacted in the event of an emergency.

Priority 1	**Name**		**Relationship to Child**	
	Home Address			
	Contact Number 1		**Contact Number 2**	
	Email			

Priority 2	**Name**		**Relationship to Child**	
	Home Address			
	Contact Number 1		**Contact Number 2**	
	Email			

Priority 3	**Name**		**Relationship to Child**	
	Home Address			
	Contact Number 1		**Contact Number 2**	
	Email			

Please list any other person who has permission to collect your child from After School Club.

Name		**Relationship to Child**	
Name		**Relationship to Child**	
Name		**Relationship to Child**	
Name		**Relationship to Child**	

Medical Practice	
Name of GP	
Address	
Telephone Number	
Medical Condition(s)	
Medical Note(s)	
Any Food Allergies or Intolerances	

Signed		**Date**	
Print Name			