



Mawnan C of VA Primary School WRAPAROUND REGISTRATION FORM

This form must be completed prior to booking your child on Wraparound sessions at Mawnan School. Please email completed forms to wraparound@mawnanschool.com or drop a paper copy to school office. Please completed a separate form for each child.

CHILD'S NAME:	
Date of Birth:	
Parent/Carer's Details:	
Contact 1	Name:
	Relationship to Child:
	Contact Number:
	Email address:
Contact 2	Name:
	Relationship to Child:
	Contact Number:
	Email address:
Contact 3	Name:
	Relationship to Child:
	Contact Number:
	Email address:
Does your child have any medical conditions? Please delete as appropriate: Yes/No	
If yes, please give details of medical condition below and details of any medication that may need administering during their time at Wraparound:	
Does your child have any food allergies? Please delete as appropriate: Yes/No	
If yes, please give details of any food allergies that we need to be aware of:	
Is your child is entitled to Free School Meals through Pupil Premium Funding? Please delete as appropriate: Yes/No	
Will you be using Child Care Vouchers/Government Online Tax-Free Childcare Account? Please delete as appropriate: Yes/No	
If yes, please give details of your Child Care Voucher Provider:	
PASSWORD FOR PICK-UP:	

Please email your completed form to wraparound@mawnanschool.com