St. Stephen's CE Primary School
Wraparound Care Contact form

Child's name:				
Date of birth:		**Gender:**		
SEN/Disability:	YES/NO	**Religion:**		
Ethnic Origin:		**First language:**		
Address:				
Post Code:				
Main Telephone:	Home:		Mobile:	
Email:				

Mother's name:		**Father's name:**	
Parental Responsibility:	YES / NO	Parental Responsibility:	YES / NO
Home telephone:		Home telephone:	
Mobile:		Mobile:	
Place of work:		Place of work:	
Work telephone:		Work telephone:	

Emergency Contact name:	
Telephone:	
Relationship to child:	

Should it not be possible to contact you in an emergency do you agree to allow school staff to take action and make decisions on your behalf, acting on expert medical advice?	YES/NO

Special Dietary Needs:

Medical Practice:	
Address:	
Telephone Number:	

Medical Information:

Disabilities:

Please supply the names of all the people that are authorised to collect your child(ren)		
Name:	Relationship to child:	Contact number: