

Wrap Around Care – Registration Form

Child's Name:			
Class:	Date of Birth:		
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Parent Contact Details			
Name:		Relationship to child:	
Contact Number 1:			
Contact Number 2:			
Name:		Relationship to child:	
Contact Number 1:		·	
Contact Number 2:			
Name:		Relationship to child:	
Contact Number 1:			
Contact Number 2:			
Medical Information			
Dietary Requirements:			
Medical Conditions:			
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I have read and agree to the Wrap Around Care Terms and Conditions:			
Parent/Guardian Signature:			
Name in Print:		Date:	