

Welly Extra (out of school care) Registration Form

Please ensure you let us know of any changes to the information below

Child's First Name:	Child's Last Name:
Child's Date of Birth:	

Name of First Parent / Guardian	Name of Second Parent / Guardian	
Contact Email Address:		
Name & Contact Number of Primary Parent / Guardian Available During Welly Extra Hours:		
Name:		
Home:	Mobile:	Work:

Emergency Contact Details:	
1 st Contact Name:	Telephone (Home): Telephone (Mobile):
2 nd Contact Name:	Telephone (Home): Telephone (Mobile):

Please provide the full names of up to 5 nominated persons who may collect your child if it is not the parent (e.g. childminder, grandparent). You must contact Welly Extra if these details change, or if someone other than the parent or nominated person is going to collect your child.

1. Relationship to child:.....
2. Relationship to child:.....
3. Relationship to child:.....
4. Relationship to child:.....
5. Relationship to child:.....

Please provide a PASSWORD that can be given to Welly Extra staff on collection of your child. It is parental responsibility to ensure that the nominated person picking up the child knows the password.

Name, Address & Tel Number of Child's Doctor:

Does your child have any of the following:	If yes please give details
Medical conditions	
Allergies	
Special Dietary needs including religious observations	

Please give any other information you feel we should know about your child:

Statements:

I wish to register my child for Welly Extra.

Signed: Date:

I confirm that my child may take part in all activities.

Signed: Date:

I confirm that my child may play on the equipment in the playground during their time at Welly Extra.

Signed: Date:

I confirm that I am happy for my child to be accompanied to the toilet by ONE member of staff if necessary.

Signed: Date:

I agree that I will comply with the Academy's regulations and will arrange for my child to be collected if unwell from Welly Extra and that the guidelines for return to Welly Extra are in line with those of the Academy policy.

Signed: Date:

Photographs & Social Media:

We will refer to the consent form that WEPA hold on record or you. If you wish to make any changes to this please email wellyextrateam@wellingtonprimary.org.uk