



Fairfields Primary School & Nursery

Wrap Around Care Registration Form

Early Birds &
Night Owls



Please complete this form in order to register your child

Application for :	Early Birds		Night Owls		Both	
First Name				Surname		
Class				DOB		
Sibling Name/s						
Address						
Food Allergies/Intolerances/cultural						
Medical Conditions: Please also complete the school administering medication/healthcare plan						
Collection Password						

Consent for emergency medical advice or treatment (Please delete as appropriate)

I consent to Wrap Around Care staff seeking emergency medical advice for my child

G.P. Name	
Address	
Telephone Number	

Are there any court orders affecting your child? Yes/No

Emergency Contacts				
	Name	Relationship	Telephone Number (Work)	Mobile
1				
2				
3				
4				

Optional : If your child will be attending on a regular basis, please indicate which sessions they are likely to attend

Please make your bookings on School gateway once your child has been registered subject to availability

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Disclaimer: I have read the Early Birds & Night Owls Terms and conditions and agree that any bookings made via the school gateway are an acceptance of these terms and conditions

Name _____ Signature _____

Name _____ Signature _____