



## SHINE WRAPAROUND CLUB REGISTRATION FORM

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/ Carer Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Emergency Contact Number (for use during before/after school club )

\_\_\_\_\_

Parent/ Carer Email: \_\_\_\_\_

Child's School: \_\_\_\_\_

Year Group/ Class: \_\_\_\_\_

### DECLARATION

I have read and I agree to the Shine Club terms and conditions.

My Child will abide by the school behaviour policy.

Signed (parent/ carer): \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



## MEDICAL INFORMATION

Does your child have a medically or SEN diagnosed condition (e.g. asthma, diabetes, epilepsy, ADHD, ASD etc.?)

Yes/No

Please specify:

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Does your child suffer from any medically diagnosed ALLERGIES?

Yes/No

Please specify:

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Current Medication: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

If your child requires inhaler, Epi-pen or any medication of any kind while at Shine please make sure it is left with a member of the Shine team.

### G.P's Details

G.P. Name: \_\_\_\_\_

G.P. Surgery name/ address: \_\_\_\_\_

G.P. contact number: \_\_\_\_\_

The Shine breakfast club will provide a breakfast before 8:20am and after school will provide a small snack.

My Child should NOT eat the following foods: \_\_\_\_\_

Signed (Parent/ Carer): \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_