**Rainbow Wraparound Home School Agreement**

I …………………………………………

Parent/carer of …………………………………………..

have read and accept a copy of the Rainbow Wraparound policy and agree to abide by the terms there in.

I accept that I am the ‘contracting parent’ for the above child and agree to make payments to Rainbow Wrap Around before any booked sessions.

Parent Signature ……………………………………

Print name ………………………………………….

Date ……………………………………

Signed …………………………………………………………..on behalf of Rainbow Wrap Around

Print Name ………………………………………………. Date ……………………

**Rainbow Wraparound Registration Form**

**Pupil Personal Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Forename:** |  | **Surname:** |  | **DOB:** |  |
| **Home Address:** |  |
| **Post Code:** |  | **Telephone:** |  |

**Pupil Medical Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor’s Practice:** |  | **Medical Conditions:** |  |

**Is there a current Health care Plan in School? Yes/No**

**Dietary Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Allergies:** |  | **Dietary Requirements:** |  |

**Parent/carer 1 Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** |  | **Forename:** |  | **Surname:** |  |
| **Phone:** | **Club time** | **1.** |
|  | **Mobile** | **2.** |
|  | **Home** | **3.** |
|  | **Work** | **4.** |

**Parent/carer 2 Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** |  | **Forename:** |  | **Surname:** |  |
| **Phone:** | **Club time** | **1.** |
|  | **Mobile** | **2.** |
|  | **Home** | **3.** |
|  | **Work** | **4.** |

**Other Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** |  | **Forename:** |  | **Surname:** |  |
| **Phone:** | **Club time** | **1.** |
|  | **Mobile** | **2.** |
|  | **Home** | **3.** |
|  | **Work** | **4.** |
| **Relationship to child** |  |

**Other Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** |  | **Forename:** |  | **Surname:** |  |
| **Phone:** | **Club time** | **1.** |
|  | **Mobile** | **2.** |
|  | **Home** | **3.** |
|  | **Work** | **4.** |
| **Relationship to child** |  |

**Nominated Individuals Authorised to collect your child**

Please provide on the list below the full names of all individuals authorised to collect your child from Rainbow Wraparound, including parents and carers.

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Relationship to child** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |
| **6.** |  |  |