

## Fairfields Primary School & Nursery Wrap Around Care Policy & terms of booking



Please complete this form in order to register your child

Application for : Early	/ Birds	Ni	ght Owls	Nic	tht Owlets	
First Name	Dilus	IVI	Surname	ואונ	giit Owiets	
Class			DOB			
Sibling Name/s			DOD			
Address						
71441 233						
Food						
Allergies/Intolerances/	cultural					
Medical Conditions:						
Please also complete the sc	hool					
administering						
medication/healthcare plar	Ì					
Collection Password						
Consent for emergency	medical ad	vice or trea	tment (Please dela	nto as annronria	to)	
Consent for emergency medical advice or treatment (Please delete as appropriate)  I do/do not consent to Wrap Around Care staff seeking emergency medical advice for my child						
G.P. Name	wrap Aroun	d Care starr	seeking emerge	ency medica	i advice for r	ny chila
Address						
Telephone Number						
-						
Are there any court orders affecting your child? Yes/No						
Emergency Contacts Name	Polati	onship	Telephone Number (Work)		Mobile	
1	Kelati	onsnip	relephone Number (Work)		Woone	
2						
3						
4						
Outline alof			i i i			-1-1-
Optional: If your child will be Please make your booking			•		•	•
riease make your booking	s on school g	ateway office	e your crima mas b	een register	eu subject to	availability
Monday	Tuesday	We	dnesday	Thursday		Friday
AM PM AM	PM	AM	PM AN	/I PM	AM	PM
Disclaimer: I have read the Early Birds & Night Owls Terms and conditions and agree that any bookings made						
via the s	school gatew	ay are an acc	eptance of these	terms and co	onditions	
Name			Signature _			
Name			Signature			