Cutthorpe Wraparound Care (CWC) - Registration form

Cutthorpe Primary School, School Hill, S42 7AS
Email: CWC@cutthorpe.derbyshire.sch.uk
CWC Play Leader: 01246 234585

Child's Full name		DOB:	
Sex: Male / Female		(Circle) Reception Y1, Y2, Y3, Y4, Y5, Y6	
Parents Names Primary Carer		Parents Name	
Address Postcode		Address Postcode	
Home Phone No.		Home phone No.	
Mobile No.		Mobile No.	
Work No.		Work No.	
Email		Email	
Emergency Contact details:			
Emergency Contact 1		Emergency contact 2	
Name		Name	
Address Postcode		Address Postcode	
Home phone No.		Home Phone No.	
Mobile		Mobile	
Medical Details:			
Doctors Name		Does your child have a medical condition that requires;	Yes / No
Doctors phone number		Specialist medication	☐ / ☐
Surgery address Postcode		Specialist treatment Known allergies Any other conditions	☐ / ☐ ☐ / ☐ ☐ / ☐

Please provide details if you have ticked yes to any of the above

Does your child have any dietary requirements or food allergies? Please provide details

Does your child have any special needs or health requirements?

I confirm my child has no allergies to plasters and I consent to plasters being used for minor cuts and abrasions. Please circle YES/ NO

I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Signed parent/carer …… Date……

Data Protection

As the parent or carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes (Please cross each box which you give permission for)

	Electronic and printed information, displays and exhibitions by CWC or Cutthorpe Primary Sch.		To accompany staff reports circulated to CWC trustees
	CWC/ Cutthorpe Primary School website		Promotional material for the club.
	CWC/ Cutthorpe Primary School Facebook page.		Local newspapers or magazines

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified. I understand that I can change or withdraw my consent for the use of photos/ videos at any time by contacting the CWC Play Leader.

Signature …… Date……

I am also aware that the CWC Club policies and procedures are available on request.

In the event of absence without notice or illness, occasional days off and holidays taken in term time, time absent due to school trips payment of the full session is required. If the CWC Club is forced to close due to an unforeseen event/ disruptive weather no payment will be required.

Your privacy is important to us. From time to time CWC may want to communicate with you. In line with the UK law on data protection please fill in the contact details you want us to use to communicate with you:

Name ……
Address ……
……
Email ……
Phone number ……

(please tick the boxes where you grant consent):-

I consent to CWC contacting me by ☐ post ☐ phone or ☐email.

To keep me informed about news and events connected to CWC

By signing this form you are confirming that you are consenting to CWC, as part of Cutthorpe Primary School and all staff, holding and processing your personal data for the above purposes.

Signed …… Print name……Date……

Where you do not grant consent we will not be able to use your personal data; (e.g. we may not be able to let you know about forthcoming services and events); except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can withdraw or change your consent at any time by contacting the school office or a member of the CWC team. Please note that all processing of your personal data will cease once you have withdrawn consent other than where this is required by law.
Data will be stored securely as set out in our data protection policy