



Bildeston Primary School
Newberry Road,
Bildeston, Suffolk,
IP7 7ES
01449 740269
office@bildeston.suffolk.sch.uk
www.bildeston.suffolk.sch.uk

Headteacher: Mrs Julia Shaw B.Ed (Hons) CANTAB, MaST

WRAP AROUND CARE REGISTRATION FORM

Child's Name Current Class.....

Address.....
.....

Telephone No..... Date of Birth..... Sex.....

Parents' names:

Mother's Place of Work: Father's Place of Work:
.....
.....

Work Tel No: Work Tel: No:

Mothers Mobile No: Fathers Mobile No:

Any known medical issues (asthma, epilepsy etc.)?.....
.....

In an emergency who should be the initial contact?

Any known allergies?.....

On which day(s) will your child attend the provision?

When would you like your child to start the provision?

I understand that the school reserve the right to withhold refunds where notice is received after 12 noon on a Monday for the week ahead.

Signed (Parent/Guardian) Date

Please return this form to the school office before your child attends their first session
We will only contact you if spaces requested are unavailable.