

The Wright Education

Registration Form



Manager: Ms. Sandra Wright - 07852 137 462

website: www.wrighteducationuk.com

e-mail: office@wrighteducationuk.com

Please complete in **BLOCK** capitals (black or blue ink)

| Child's Personal Details | | |
|----------------------------------|-------------------------------------|------------------------------------|
| Full name of child: | Date of Birth: | Gender: (circle one) M/F |
| Child's Home Address & Postcode: | Child's School Name & Class Number: | |

| Primary Contact 1 | |
|-------------------|------------------------|
| Full Name: | Relationship to Child: |
| Home Address: | |
| Postcode: | |
| Email: | |
| Phone 1: | Phone 2: |

| Primary Contact 2 | |
|-------------------|------------------------|
| Full Name: | Relationship to Child: |
| Home Address: | |
| Postcode: | |
| Email: | |
| Phone 1: | Phone 2: |

Please tick as appropriate

| Preferred Language | Religion or Faith | Child's Ethnicity |
|--|---|--|
| <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Other Spoken Language (Please specify): _____ <input type="checkbox"/> British Sign Language <input type="checkbox"/> Makaton <input type="checkbox"/> Other Communication (Please specify): _____ | <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian (all denominations) <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Any Other Religion (Please specify): _____ <input type="checkbox"/> No Religion <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Asian/Asian British <input type="checkbox"/> Black/Black British <input type="checkbox"/> Mixed/Multiple Ethnic Groups <input type="checkbox"/> White <input type="checkbox"/> Other Ethnic Group (Please specify): _____ <input type="checkbox"/> Prefer not to say |

The WRIGHT EDUCATION Ltd | 10134826 (England)

Telephone: 07852 137 462 | Email: info@wrighteducationuk.com | Website: www.wrighteducationuk.com

Child's Full Name:

Medical Details

Doctor/Surgery:

Surgery Address:

Postcode:

Dietary needs:

Medical Information:

Additional Needs/Disabilities and Services (please tick appropriate and provide details)

☐ Medical

☐ Physical disability

☐ Developmental

☐ Behavioural

☐ Support Services

☐ Other Services

Medical Details (continued)

Details of current medication:

Has your child received the tetanus injection in the last 5 years? ☐ YES ☐ NO

Has your child been in contact with any contagious or infection diseases, or suffered anything that may be, or become contagious or infectious? ☐ YES ☐ NO

If "YES" please provide details:

Any other relevant medical information?

I undertake to inform the Manager of Wright Education as soon as possible of any change in medical and/or any other relevant circumstances.

Signed: (Parent/Carer)

Date:

Child's Full Name:

Please provide details of persons who can be contacted in an emergency

Emergency Contact 1

Full Name:

Relationship to Child:

| | |
|---|-----------------|
| Home Address: | |
| Postcode: | |
| Phone 1: | Phone 2: |
| This person is authorised to collect this child: <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| Emergency Contact 2 | |
|---|-------------------------------|
| Full Name: | Relationship to Child: |
| Home Address: | |
| Postcode: | |
| Phone 1: | Phone 2: |
| This person is authorised to collect this child: <input type="checkbox"/> YES <input type="checkbox"/> NO | |

PLEASE NOTE

A phone call for verbal permission with an accurate description of the collector is required before releasing any child to anyone other than those noted on this form.

A password will be required.

Contractual agreement between parent(s)/carer(s) and the Wright Education

- I have correctly completed this registration form and given the annual registration fee, £15.
- Receive the handbook and terms and conditions via email within 7 days of submitting this application form.
- I have read and agree to the terms and conditions of The Wright Education found on the company website.
- I will inform the company of any changes in circumstances relating to the above or anything that may affect my child.
- I agree to collect/make arrangements for my child to be collected from The Wright Education immediately if I am informed that he/she is unwell.
- I agree and give permission for my child/children to go on local trips with The Wright Education.
- I agree and give permission for my child/children to go swimming providing they have the correct equipment with The Wright Education.
- **I agree to make payment for the days selected on this form, unless the school is closed or until I cancel my child's place in writing at The Wright Education.**

| Breakfast Club (£6 per/session) | | | | | After-School Club (£16 per/session) | | | | | Holiday School (£40 per/session) | | | | |
|------------------------------------|----|---|----|---|--|----|---|----|---|-------------------------------------|----|---|----|---|
| M | Tu | W | Th | F | M | Tu | W | Th | F | M | Tu | W | Th | F |

Please place a tick or X in the box(es) relevant for your child.

| |
|---|
| I would like me child to start on (Day Month Year? _____) |
|---|

Name of parent/carers 1 (Primary contact 1 on form):

Signature of parent/carers:

Date:

Name of parent/carers 2 (Primary contact 2 on form):

Signature of parent/carers:

Date:

Personal information contained in this contract and registration form is kept in line with the confidentiality policy and procedure for The Wright Education.

| | | |
|-------------|------------------|-------|
| Staff Name: | Staff Signature: | Date: |
|-------------|------------------|-------|

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| Wright Education Staff Use Only | | |
|---|---------------------------|------|
| Child's Full Name: | Date of Birth: (dd/mm/yy) | Age: |
| Date application form received: _____ | | |
| By: _____ Role: _____ | | |
| <input type="checkbox"/> Parent's handbook sent to Primary Contact 1 via email Date: _____ | | |
| <input type="checkbox"/> Parent's handbook sent to Primary Contact 2 via email Date: _____ | | |

Parent/Carer please duplicate information below and ensure a staff member has signed below on paying fee

--X-----

| |
|---------------------------|
| Child's Full Name: |
|---------------------------|

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|------------------------------------|----|---|----|---|--|----|---|----|---|-------------------------------------|----|---|----|---|
| M | Tu | W | Th | F | M | Tu | W | Th | F | M | Tu | W | Th | F |

Please place a tick or X in the box(es) relevant for your child attendance.

Name of parent/carers 1 (Primary contact 1 on form):

Signature of parent/carers: **Date:**

Name of parent/carers 2 (Primary contact 2 on form):

Signature of parent/carers: **Date:**

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| | | |
|-------------|------------------|-------|
| Staff Name: | Staff Signature: | Date: |
|-------------|------------------|-------|