

Thornhill Thrive

(Wrap-around care for the Head, Heart and Hand)

Registration form

Pupil Name _____ Class _____

Date of Birth: _____ Sex: _____

Parent/Carer Contact Details

Name.....

Address.....

.....

Telephone No:

Email.....

Pupil Password

Emergency Contact/Permission to Collect Details (Password must be given)

1. Name.....

Telephone No:

Relationship to child.....

2. Name.....

Telephone No:

Relationship to child

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Food Allergies _____

Dietary Requirements _____

Medical Conditions _____

Pupil Start Date: _____

Any Additional Information?

For office use:

Agreed start date: _____

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This agreement is between Thornhill Thrive and Parents/Carers.

Please complete and sign the section below and return to the school office.

I have read this document and agree to all terms and conditions within it.

Signed.....

Date.....

Parent/Carer of Class.....

(Office: Please return this signed section to Thrive staff. The agreement should be given to the parents for their own records)

Please contact Thrive staff at thrive@ladyj.kent.sch.uk should you require any further information relating to the wrap-around care.