**WASP Registration Form**

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| --- | --- |
| Child’s name(s): | Date(s) of birth: |

**Please note: We will use the information held by the school for your child’s details including emergency contacts. If there are any contacts held by the school that you do not wish WASP to contact, please let us know.**

|  |  |  |
| --- | --- | --- |
| Parent’s name(s) |  | |
| Email address(es) for WASP Communications (including invoicing): |  | |
| Will you be using vouchers to pay for care (including government tax free payments)? | | Yes / No (please circle) |
| If yes, please indicate which provider you use. | |  |
| Please let us know any special dietary requirements. | |  |

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

**I have read the terms and conditions.**

Signed; Parent/Carer: …………………………………………………..Date: ……………………………...……