



# SOLIHULL

**Full Name of Child:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Year Group:** \_\_\_\_\_

Please complete the table below and return, attaching photos (printed hard copies or by emailing digital copies to [wraparound@solsch.org.uk](mailto:wraparound@solsch.org.uk)) of any authorised people who may be involved in the collection of your child, including parents, grandparents, friends, relatives etc.

Name	Relationship to Child

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Relationship to Child:

\_\_\_\_\_

Please indicate if you would like your child to undertake written homework activities in the provision: Yes / No / N/A

I \_\_\_\_\_ (name) will check any homework that is produced in Wraparound Care Club.

Signed \_\_\_\_\_

Date \_\_\_\_\_