



Waiting list Application Form

Breakfast Club / After School Care

Please fill in all fields, if not applicable please state N/A

requested start date

Child's Name _____

School Attending _____ Class _____

Home Address _____

Postcode _____ Home telephone _____

Email (correspondence, updates, newsletters) _____

Mother's name (or main Carer) _____

Work/University/College Address _____

Work telephone _____ Mobile _____

Father's name (or second Carer) _____

Work/University/College Address _____

Work telephone _____ Mobile _____

Additional contact name (this needs to be a person your child knows) _____

Address _____

Telephone _____ Mobile _____

Days Requested (please circle)

Breakfast Club 8am start	Monday	Tuesday	Wednesday	Thursday	Friday
After School 3pm-5.55pm	Monday	Tuesday	Wednesday	Thursday	Friday

P.T.O



Who will be collecting your child?

We require children to be accompanied (arriving and departing) with an adult over 16 years or sibling over 14yrs.

Adult's Name: (Sibling: over 14. Others: over 16)	<u>No notification needed</u>	<u>When notified</u>

I give permission for my child (Please tick)

- To participate in any indoor/outdoor physical activities (gym shoes necessary)
- Receive emergency first aid and visit dental hospital/ hospital in the case of any emergency.
- Staff to enable my child to apply sunscreen.
- Be photographed to promote TOC always representing TOC activities.
- I give consent to receive text alerts and corresponding emails.

All information above is correct according and realise that any changes must be up dated immediately

I/We agree to accept a placement at Time-Out Club and accept the conditions & contract as set out in the parent handbook.

Time Out Club provides childcare services to the children of its members and children under the care of its members.

I accept membership of Time Out Club, a private company limited by guarantee, and agree to be bound by the Articles of Association of the company and to guarantee the debts of the Company to a maximum amount of £1.00."

A company limited by guarantee is a special type of company available only to non-profit organisations and charities. Members of Time-Out Club are only liable for a maximum sum of £1.00 in the very unlikely event that Time-Out Club is forced to close as an operating company and cannot meet its financial liabilities.

Signed _____

The Articles of Association of the Company are available at www.time-outclub.uk

Time-out club reserves the right to withdraw a place or membership in terms of the exclusion/ withdrawal policy as set out in the parent handbook and Articles of Association.




Childs' Personal Plan

Child's name	Child's photograph
Date of birth	
Physical description of your Child, (height, hair and eyes colour)	
Start date (year when your child first started TOC)	
Health & Well-being Details	
Please give details of any medical conditions, or additional support requirements	
Ailments /medication requirements	
Allergies and intolerances / dietary requirements	
Name and Address of family Doctor	
Surgery telephone no.	
Are there any other professionals that are currently supporting your child?	
In addition:	
In the interests of continuity of care for your child, we may contact the above named professional or contact your child's school or class teacher for information regarding the support measures and strategies they have in place for your child. If you do not wish this to happen, please contact the Manager.	

In line with "getting it right for every child" approach GIRFEC. We ask parent/carers to take the time to fill out the below

Please help us to promote your child's day to day enjoyment and achievements

Supporting your child

	Safe
	Healthy
	Achieving
	Nurtured
	Active
	Respected
	Responsible
	Included

Comments:

Each parent/carer and child will be treated as an individual. We will set aside time to discuss privately any concern parents/ carers may have.