



Time out club have a legal obligation to collect and process this information in accordance with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002

Child Application Form 2018-19

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

Start

Child's Name _____

School Attending _____ Class _____

Home Address _____

Postcode _____ Home telephone _____

Email (will be used for 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 (Please ensure this person is aware their information, has been shared with TOC) _____

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



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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.

Name		Relationship to child	
Name		Relationship to child	
Name		Relationship to child	
Is there anyone who is not allowed to collect or have contact with your child			
Name		Relationship to child	
Name		Relationship to child	

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 above.

I give permission for my child (Please tick) you can withdraw consent for any of the permissions detailed at any time. Should you wish to withdraw consent, please discuss with the Manager of your setting in the first instance.

- To participate in any mixed aged group 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 within TOC participating in activities.
- I give consent to receive text messages and corresponding emails.

I/we agree and accept that the personal data from this application (as detailed within the parent carer handbook), will be stored for no longer than necessary and kept secure.

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/carers 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 _____

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.



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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

Is your child allergic to any of the following:

Celery	cereals containing gluten	crustaceans	eggs	fish	lupin	milk	nuts
mustard	sulphur dioxide sometimes known as sulphites)		peanuts	sesame seeds	soya	molluscs	NONE

Please state any other allergies:

State any dietary requirements:

Does your child have a recognised disability/diagnosis of condition?

Does your child have any medical conditions?

Medication required Yes/No (please circle)

If yes what is required:

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 you for written permission to 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.

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<p>In line with GIRFEC 'Getting It Right for Every Child' approach we ask parent/carers to take the time to fill out the below</p> <p>Please help us to promote your child's day to day enjoyment and achievements</p> <p>Supporting your child - What can we do to meet their needs.</p>	
	Safe
	Healthy
	Achieving
	Nurtured
	Active
	Respected
	Responsible
	Included
<p>Comments:</p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p>	
<p>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.</p>	