

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

Easter Booking Form 2020

Closing date for bookings Friday 6th March 2020 thereafter any available places £15.00 late fee applies. Accompanied with payment of £29.00 per child per day. £130.00 per child per week must be five consecutive days. We are open from 8am for breakfast close 5.55pm **Venue: TBA.**

All children should have with them suitable outdoor clothing/shoes and a labelled packed lunch - please remember we are a nut free zone.

Please fill in all	fields, if not appl	icable please state	e N/A			
Child's Name			School attending			
Home Address	5					
<u>Postcode</u>		ma	main telephone			
Email (will be used	l for correspondence, u	pdates, newsletters)				
Parent/Carer			Relationship to child:			
Work telephone			Mobile			
Parent/Carer			Relationship to child:			
Work telephone			Mobile			
(Please ensure this p	erson is aware their info	ormation, has been share	ed with TOC)			
Additional con	tact name					
Telephone			Mobile			
Days Requested	d (please√)					
	Monday	6 th April	Tuesday	14 th April		
	Tuesday	7 th April	Wednesday	15th April		
	Wednesday	8 th April	Thursday	16 th April		
	Thursday	9th April	Friday	17 th April		

Who will be collecting your child?

<u>In addition to the parents/carers detailed - Who will be collecting your child/ren whilst at the Holiday Club</u>
We require children to be accompanied (arriving and departing) with an adult over 16 years or sibling over 14 yrs.

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.



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For your Information

Time-Out Club will record, process and keep personal information on you and your child in accordance with the General Data Protection Regulations 2018. If you have any questions about this, our data protection policies generally, please contact us by emails, phone.

We will send a text message to notify all parents/carers if your child has had an accident whilst at full day care

<u> </u>	staff member to discuss the accident with wh	•
I give permission for my child (Please time. Should you wish to withdraw co	tick) you can withdraw consent for any of the onsent, please discuss with the Manager of yo	our setting in the first instance.
Receive emergency first aid and visit	oup indoor/outdoor physical activities (gym s dental hospital/ hospital in the case of any e	
Staff to enable my child to apply sur Be photographed within TOC partici	pating in activities.	
I give consent to receive text message Any outdoor trips and outing to local		
I/we agree and accept that the person handbook), will be stored for no long	nnal data from this application (as detailed wit er than necessary and kept secure.	thin the parent carer
All information above is correct acco	ording and realise that any changes must be	up dated immediately
I/We agree to accept a placement parent/carer handbook.	at Time-Out Club and accept the condition	ns & contract as set out in the
Time—out club reserves the right to vas set out in the parent handbook a	vithdraw a place or membership in terms of t nd Articles of Association.	he exclusion/ withdrawal policy:
I/We confirm that I have booked the advance.	e above holiday places for my child and that	payment will be made in
	t Time-Out Club and accept the policies & co at of child protection, fees and debt policy, no preasons out with their control.	
If my child is going to be absent, I/W	Ve will phone the play setting before 10am to	notify of their absence.
Signed	Date	
Booking Reference Number:	TOC (Issued with booking	confirmation letter)



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<u>Highlighted To be fill out – the rest if required</u>

Childs' Personal Plan

Child's na	ime							
Date of b	irth							
Physical description of your Child, (height, hair and eyes colour)							Child's	
						photograph		
						,	,	
Start date)							
				ll-being Details				
	ild allergic to any of	1		Ta.	T	T		
Celery	cereals containing gluten	crustaceans	eggs	fish	lupin	milk	nuts	
mustard	sulphur dioxide sometimes known as sulphi	tes)	peanuts	sesame seeds	soya	molluscs	NONE	
Please sta	ate any other allergie	es:						
State any	dietary requiremen	ts:						
Does you	r child have a recog	nised disak	oility/diagn	osis of conditio	n?			
Does you	r child have any me	dical condi	tions/Phob	pias?				
	on required Yes/No	(please circ	le)					
If yes wha	at is required:							
Name an	<mark>d Address of Family</mark>	Doctor:						
C T								
Surgery I	elephone no:							
Ara thara	any other professio	nala that a		, supporting to	المانامات			
Are there any other professionals that are currently supporting your child?								
1 11								
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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