



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

## Feb Booking Form 2020

Closing date for bookings Friday 17<sup>th</sup> January 2020 thereafter any available places £15.00 late fee applies.  
 Accompanied with payment of £29.00 per child per day. We are open from 8am for breakfast close 5.55pm

**To make in service days sustainable, Please note will operate only if a certain number of children are booked in by the deadline Friday 17<sup>th</sup> January. We will notify you by confirming your placement by 24<sup>th</sup> January 2020.**

**Venue: TBC**

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 applicable please state N/A**

Child's Name \_\_\_\_\_ school attending \_\_\_\_\_

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_ main telephone \_\_\_\_\_

Email (will be used for correspondence, updates, newsletters) \_\_\_\_\_

Parent/Carer \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Parent/Carer \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**(Please ensure this person is aware their information, has been shared with TOC)**

Additional contact name \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Days Requested (please ✓)**

|           |                                |  |
|-----------|--------------------------------|--|
| Friday    | 07 <sup>th</sup> February 2020 |  |
| Wednesday | 12 <sup>th</sup> February 2020 |  |

**Who will be collecting your child?**

**In addition to the parents/carers detailed - Who will be collecting your child/ren whilst at the Holiday Club**

**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 |  |
| <b>Is there anyone who is not allowed to collect or have contact with your child</b> |  |                       |  |
| 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. We will also give you the name of a staff member to discuss the accident with when you arrive to collect your child.

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.
- Any outdoor trips and outing to local woodland and parks

*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

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.

**I/We agree to accept a placement at Time-Out Club and accept the policies & contract as set out in the parent/carer handbook including that of child protection, fees and debt policy, no transfers or refunds will be given for days or TOC closing due to reasons out with their control.**

I/We confirm that I have booked the above holiday places for my child and that payment will be made in advance.

If my child is absent or I/We cancel any day booked, *payment will not be refunded or transferred.*

If my child is going to be absent, I/We 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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Highlighted To be fill out – the rest if required

## Childs' Personal Plan

|   |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
|---|--|-------------|---------|--------------|----------------------|----------|------------|--|--|--|--|--|--|--|--|
| Child's name  |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
| Date of birth   |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
| Physical description of your Child, (height, hair and eyes colour)  |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
| <div style="border: 1px solid black; border-radius: 25px; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <p>Child's<br/>photograph</p> </div> </div>   |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
|   |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
|   |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
| Start date  |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
| <b>Health &amp; Well-being Details</b>  |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
| Is your child allergic to any of the following:   |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
| Please state any other allergies:   |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
| Celery  | Cereals containing gluten                      | Crustaceans | Eggs    | Fish         | Lupin (nuts & seeds) | Milk     | Wasps/Bees |  |  |  |  |  |  |  |  |
| Mustard   | Sulphur dioxide: (Sulphates)<br>(Dried Fruits) |             | Peanuts | Sesame seeds | Soya                 | Molluscs | NONE       |  |  |  |  |  |  |  |  |
| State any dietary requirements:   |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
| Does your child have a recognised disability/diagnosis of condition?  |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
|   |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
| Does your child have any medical conditions/phobias?  |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
|   |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |
| 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. |  |             |         |              |                      |          |            |  |  |  |  |  |  |  |  |