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**My Personal Plan at**

**Time-out Club**

**Child photo**

**Time-Out Club will take the photo**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_

***What we required to be completed within this booklet:***

**Section 1**: **Enrolment Form** – We legally require all aspects to be completed.

**Section 2**: **Health and Wellbeing Plan** - We legally require all aspects to be completed, if questions are not applicable please put N/A

**Section 3**: **All about me** **Plan** – Please help/encourage your child to fill in (the photo page TOC will complete throughout the year)

**Section 4**: **What will Time-out Club do to support my plan** – Please leave blank Time-out Club will complete this part throughout the year.

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| --- |
| 6 Month Reviews (Official Use only )  |
| Date | Parent / Carer Sign | Staff Sign |
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**Child Enrolment Form**

**Please fill in all fields, if not applicable please state N/A Start Month/Year**

**Child’s Name**

School Attending Class

Home Address

Postcode Home telephone

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

**Parent/Carer** Relationship to child:

Work/University/College Address

Work telephone Mobile \_\_

**Parent/Carer** Relationship to child:

Work/University/College Address

Work telephone Mobile

**Additional contact name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(Please ensure this person is aware their information has been shared with TOC, and we will contact if parent(s)/carer(s) is not available).*

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 |

*Permissions*

*I give consent 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.*

I give consent to receive text messages and corresponding emails.

Receive emergency first aid and visit dental hospital/hospital in the case of any emergency.

Be photographed within Time-Out Club participating in activities.

**In addition to the contact names given, who else may collect your child?**

*Please provide a safe password for your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

*We will always ask for your child’s safe password if we are unsure of who is collecting your child.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Relationship to child |  |
| Name  |  | Relationship to child |  |
| Name  |  | Relationship to child |  |
| Name  |  | Relationship to child |  |
| Any person who should NOT collect your child  |
| Name  |  | Relationship to child |  |
| Name  |  | Relationship to child |  |

**Parent/Carer Contract**

Time Out Club (TOC) provides childcare services to the children of its members. Members of Time-Out Club are 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.

**I/We accept** membership of Time Out Club, a company limited by guarantee, and agree to the Articles of Association of the company and to guarantee the debts of the Company to a maximum amount of \*£1.00***.***

**I/We agree** to a placement at Time-Out Club and accept all the policies, procedures, GDPR as set out in the parent/carer handbook (website) and Articles of Association (play setting)

**I/We agree** that Time–out club reserves the right to withdraw a place or membership in terms of the exclusion/ withdrawal policy set out in parent/carer handbook. At all times, I will respect all staff and Board of Directors of Time-Out Club and other service users.

I/We agree all information given is correct and realise that any changes must be up-dated immediately.

**I/We agree** that a 4-week notice period is payable, even if my child does/do not use the place during the notice period.

**I/We agree** to notify Time-Out Club in advance when my child will be absent.

**Please Note no transfers or refunds** will be given for cancellations, non-attending days or TOC closing due to reasons out with their control.

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

**To be completed by Parent/Carer.**

**Supporting your child – What can we do to meet your child’s needs.**

**Please help us to promote your child’s day-to-day enjoyment and achievements**.

**Health and Wellbeing Plan**

Child’s full name:

Date of birth:

Physical description of your Child, (height, hair and eyes colour)

Start date (Year when your child first started TOC)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Celery | Cereals containing gluten | Sulphur dioxide: (Sulphates)(Dried Fruits) | Eggs | Fish | Lupin (nuts & seeds) | Milk | Wasps/Bees |
| Mustard | Crustaceans | Peanuts | Sesame seeds | Soya | Molluscs | **NONE** |

Is your child allergic to any of the following?

Any other allergies other than those noted above:

Dietary requirements:

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

Does your child have any medical conditions or phobias? If yes, how can we support your child?

Medication required: Yes/No please circle (Please provide details & completed medication form required).

Name and address of Family Doctor:

Surgery Telephone Number:

Are there any other professionals that are currently supporting your child?

In addition to the information given, how can we help support your child whilst in our care?

In the best interest of your child, if required, we will arrange a meeting with you to discuss an additional support care plan, which will be updated and reviewed throughout the year.

In the interests of continuity of care for your child, we may contact you for written permission to contact the above 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.

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.

**All About Me Plan**

 My Family is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My Friends are\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My Hobbies are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My Favourite Toys are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time-Out Club giving you the support and care when you need it at.**

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**Activities,Games and Sports I would like to try at Time-Out Club**

**Heathly Foods I would like at Time-Out Club would be**

**What makes me happy**

**If I feel sad Time-Out Club can support me by**

Achievements: Pictures, drawing, comments or photos of me achieving my ‘magic moments’ at Time-Out Club.

(TOC will complete throughout the year)

**To be completed by TOC throughout the year**

**What will Time-Out Club do to support my**

 **All About Me plan**

**SHANARRI Staff will ensure:**

**To be completed by TOC throughout the year**

**What will Time-Out Club do to support my**

**Health and Wellbeing plan**

**Health & Well-being: Staff will ensure:**

**Additional Information: Staff will ensure:**