

Holiday Week 1		Holiday Week 2		Holiday Week 3		Holiday Week4	
Monday 13 th July		Monday 20 th July		Monday 27 th July		Monday 3 rd Aug	
Tuesday 14 th July		Tuesday 21 st July		Tuesday 28 th July		Tuesday 4 th Aug	
Wednesday 15 th July		Wednesday 22 nd July		Wednesday 29 th July		Wednesday 5 th Aug	
Thursday 16 th July		Thursday 23 rd July		Thursday 30 th July		Thursday 6 th Aug	
Friday 17 th July		Friday 24 th July		Friday 31 st July		Friday 7 th Aug	
Holiday Week 5							
Monday 10 th Aug							
Tuesday 11 th Aug							
Wednesday 12 th Aug							
Thursday Staff Training & Planning Day							
Friday Staff Training and Planning Day							



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

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	
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.

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

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 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 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 _____ / ____ / ____



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Holiday Club Password:

Please provide a password that will be unique to your family. You may be asked for this password when you collect your child/ren as the staff team rotate daily and may not know you. (Please ensure that all authorised person collecting are aware of password as this will be requested from staff upon collection of your child).

Highlighted important to be fill out – the rest as required.

Childs' Personal Plan

Child's name						Child's photograph	
Date of birth							
Physical description of your Child, (height, hair and eyes colour)							
Start date							
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.							