



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 booking is Friday 6th March 2020 thereafter any available places £15.00 late fee applies.

Cost: £29.00 per day, £130.00 per child per week must be five consecutive days.

PLEASE NOTE FOR PAYMENT: After the booking deadline, we will via email request payment to be made along with our bank details and a payment reference. Once payment has been received, a booking confirmation will be emailed.

Venue: Milngavie Play setting: We are open from 8am for breakfast and close at 5.55pm

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✓) TOC is closed Friday 10th April and Monday 13th April.

Monday	6 th April		Tuesday	14 th April	
Tuesday	7 th April		Wednesday	15 th April	
Wednesday	8 th April		Thursday	16 th April	
Thursday	9 th April		Friday	17 th April	

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.



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

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.

I/We agree to accept a placement at Time-Out Club and accept the policies & contract as set out in the parent/carers 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.

If my child is going to be absent, I/We will phone the play setting before 10am to notify of their absence.

Signed _____ Date _____ / ____ / ____

If Applicable – Please provide Childcare Voucher/Tax Credit reference:

Booking Reference Number:

TOC

(Issued with booking confirmation letter)



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

Highlighted To be fill out – the rest if required

Childs' Personal Plan

Child's name						<div style="border: 1px solid black; border-radius: 15px; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <p>Child's photograph</p> </div> </div>	
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/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.							