

Time out club have a legal obligation to collect and process this information in accordance with The Regulation of Care (Reguirements as to Care Services) (Scotland) Regulations 2002

Summer Booking Form 2020

Closing date for bookings Friday 29th May 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 no	t applicable please state N/A		
<u>Child's Name</u>	scho	ool attending	
Home Address			
Postcode	main tele	phone	
Email (will be used for correspond	dence, updates, newsletters)		
Mother's name (or main o	carer)		
Work telephone		Mobile	
Father's name (or second	Carer)		
Work telephone		Mobile	
(Please ensure this person is aware Additional contact name	their information, has been shared with TC	<u>)()</u>	
Telephone		Mobile	
Days Requested (please)		
Thursday 25 th June Friday 26 th June			
Tirr	ne-Out Club Closed Monday 29	9th June to Friday 10 th July (i	inclusive)
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 23rd July

Friday 24th July

Thursday 16th July

Friday 17th July

Tues 11th Aug Wed 12th Aug 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 Relationship to child Name Is there anyone who is not allowed to collect or have contact with your child

Thursday 30th July

Friday 31st July

Thursday 6th Aug

Friday 7th Aug Mon 10th Aug



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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

<u>ווחיפ. אוטעוע איטע אוגוד נס אונדעדעע כסוגפות, קופטצפ עוגכעגג אונוד נדיפ איטדעקפר סך אסטר גפונורוק נד נדיפ וויגנ</u>	ILE.
To participate in any mixed aged group indoor/outdoor physical activities (gym shoes necessary)	\Box
Receive emergency first aid and visit dental hospital/ hospital in the case of any emergency.	\Box
Staff to enable my child to apply sunscreen.	\Box
Be photographed within TOC participating in activities.	\Box
I give consent to receive text messages and corresponding emails.	\Box
Any outdoor trips and outing to local woodland and parks	\frown

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/carer 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	/	/

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



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Highlighted To be fill out - the rest if required

<u>Childs' Personal Plan</u>

Child's na	ame					Chi	d's
Date of b	pirth					photo	graph
Physical o	description of your (<mark>Child, (heigl</mark>	ht, hair and	<mark>l eyes colour)</mark>			
						-	
						-	
Start date	5		alth 9 Mal	L baing Dataila		Į	
	nild allergic to any o			I-being Details			
Celery	cereals containing gluten	crustaceans	eggs	fish	lupin	milk	nuts
mustard	sulphur dioxide		peanuts	sesame seeds	soya	molluscs	NONE
	sometimes known as sulph						
	ate any other allergi						
-	dietary requiremen						
Does you	ur child have a recog	nised disat	oility/diagn	osis of conditio	n?		
Does you	ur child have any me	edical condi	itions?				
		/ -	-1 -)				
	on required Yes/No	(please circ	cie)				
it yes wh	at is required:						
	d Address of Family	Dector					
INdifie di	d Address of Family						
Surgery	Telephone no:						
Surgery							
Are there	e any other professio	nals that a	re currently	, supporting vo	ur child?		
			ie currently	, supporting yo			
In additic	on:						
	erests of continuity (of care for y	vour child.	we may contac	t vou for wri	tten permiss	ion to
	he above named pr	-		-	-	•	

regarding the support measures and strategies they have in place for your child.