



**Bearsden Before
And After
School Care
BBASC**



"We Run on Fun!"

CALL US ON: 07867 455061



www.bearsdenafterschoolcare.co.uk

Our Forms comply with current Scottish legislation. In accordance with General Data Protection Regulation 2018, before submitting this form please refer to our [Privacy Notice](#) explaining what information we require, how we use your personal information and how we securely store and destroy it.

Child Application/Registration Form.

Please fill in all fields, if not applicable please state N/A

Breakfast Club / After School Care

Start date: / /

CHILD'S DETAILS

Parent/Guardian Email address (correspondence, updates, newsletters)			
Child's Name (in Full)			
Date of Birth			
Class and Teacher			
<u>PRIMARY CONTACT DETAILS</u>			
Name Parent/guardian			
Home Address			
Postcode			
Telephone Number	Day		Evening
Mobile Number			

Service Provider: ScotNursing Limited (SC380729) Suite 4/1, Merchants House, 30 George Square, Glasgow G2 1EG

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Mother's Maiden Name			
Work Address (if applicable)			
Postcode			
SECONDARY CONTACT DETAILS			
Name of other Parent/ Secondary Carer			
Address (if Different from above)			
Postcode			
Telephone Number	Day		Evening
Mobile Number (if different)			
EMERGENCY CONTACTS – OTHER THAN PARENTS (2 please)			
Name			
Phone Numbers	Day		Evening
Mobile Numbers			
Relationship to Child			
Name			
Phone Numbers	Day		Evening
Mobile Number			
Relationship to Child			

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DAYS REQUESTED (PLEASE CIRCLE)

Breakfast Club 7.30am start	Monday	Tuesday	Wednesday	Thursday	Friday
After School 3.00pm – 6.00pm	Monday	Tuesday	Wednesday	Thursday	Friday

WHO WILL BE COLLECTING YOUR CHILD?

Adult's Name: (Sibling: over 14. Others: over 16)	Mobile No.	Single occasion (Please tick)	When Notified (Please tick)	No notification needed (Please tick)
Please provide a family password				

IS THERE ANYONE WHOM YOUR CHILD/CHILDREN SHOULD NOT BE ALLOWED TO GO WITH? PLEASE GIVE THEIR NAMES AND RELATIONSHIP.

Name	
Relationship to Child	
Telephone Number (if known)	
Name	
Relationship to Child	
Telephone Number (if known)	

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IMPORTANT INFORMATION

Doctor's Name		
Doctor's Address		
Postcode		
Phone Number		
Does your child have any known medical problems i.e. Asthma, Allergies? (Please circle)	YES	NO
If YES, please give details		
Does your child have any specific dietary requirement? (Please circle)	YES	NO
If YES, please give details		
Is your child on regular medication? (Please circle)	YES	NO
If YES, please give details		
Does your child require help with administering the medication? (Please circle)	YES	NO
If YES, please give details		
Is your child allergic to any medication/plasters/anaesthetic? (Please circle)	YES	NO
If YES, please give details		
Has your child received a tetanus injection in the last 5 years? (Please circle)	YES	NO
Does your child have any special requirements that we can cater for? (Please circle)	YES	NO
If YES, please give details		
During the Summer months we ask that the children come with sun screen on or ask the children to put the sun screen on themselves and staff are here to help.		
Does your child have an allergy to any type of sun screen? (Please circle)	YES	NO

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If YES, please give details

I GIVE PERMISSION FOR MY CHILD (PLEASE CIRCLE):

Receive emergency first aid and visit dental hospital/ hospital in the case of emergency.	YES	NO
To view PG Films	YES	NO
Face painting.	YES	NO
Apply sunscreen	YES	NO
Supervised use of the internet	YES	NO
Nail polish	YES	NO
Plasters	YES	NO
Photographs/videos taken during activities held at the club. Photographs and videos are subject to privacy and shall only be used for display purposes within the club. They shall not be used for any publicity material without your consent.	YES	NO
Photographs/video taken during the activities held at the club for use on the BBASC Website or for marketing purposes	YES	NO

PAYMENT OF FEES

All fees must be paid [] weeks in advance and by Standing Order only.

If you do not meet the terms of this contract then you will lose your child's/children's place in the club.

We also need to make you aware that the Management Committee has a moral obligation to contact Tax Credits to inform them that fraudulent claims are being made if allocated tax credits are not being passed to the appropriate child care provider.

I/We agree the following :-

- To pay all fees [] weeks in advance by standing order
- To accept the placement at the facility and accept the conditions of giving one-month's notice when leaving or one month's fees in lieu.
- If fees are not paid for 2 weeks, I will lose my child/children's place at the facility.

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- To give 2 weeks notice if my child/children is/are going to be absent (holidays etc), or is/are leaving the facility
- I understand that any absences are to be paid and non transferable.
- I understand and agree that fees are non-refundable in the event that the facility is forced to close for any period due to unforeseeable circumstances.
- To pick up my child/children timeously or risk paying a Late Collection Fee.
- To pay registration fee or late collection fees within 1 week of receiving an invoice.

I/We agree to accept a placement at Bearsden Before and After School Care (administered by ScotNursing Limited) and accept the conditions as set out in this Contract.

I/ We confirm that all information above is correct according and realise that any changes must be updated **immediately** (failure to advise could breach any placement).

Bearsden Before and After School Care (administered by ScotNursing Limited) reserves the right to withdraw a place in terms of the exclusion/ withdrawal policy as set out in this contract.

Signed: _____

Name:
Parent/Guardian

Date:

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GETTING IT RIGHT FOR EVERY CHILD;

CHILD'S PERSONAL PROFILE

We are committed to following the SOSCN guidance on GIRFEC, which aims to focus on the wellbeing on every child and young person as an individual with their own specific needs, preferences, views and values and understanding that a child's circumstances may change over time.

Completing this part of the Form helps us to more fully support your child and their specific needs.

Child's likes and aspirations	
Child's dislikes and fears	
What does your child need physically?	
What does your child need emotionally?	

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What calms and relaxes your child?		
Does your child use any special words or signals that help them?]		
Is there any other way we can support your child's development?		
What, if any, other professional is currently supporting your child?		
In the interests of continuity of care for your child, if necessary, do you consent to us contacting this professional?	YES	NO

In addition

During Induction your child will be shown around the environment and the 'routines and rules' will be explained and discussed with them. In order to fully meet all children's needs it is important that as much information as possible is gathered about your child. This will sometimes mean contacting your child's school or class teacher for information regarding the support measures and strategies they have in place for your child. **If you do not wish this to happen, please contact the Manager, Alison.**

Parents' comments:

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Child's comments:

Review of this plan will take place in: (Staff to complete with parent when necessary)

Weeks:

Months:

Staff signature:

Date:

Parent/Carers' Signature

Date:

(Relationship to child):

Manager Signature
(If required):

Date:

The child's views will always be considered where appropriate.

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