

**CHILD REGISTRATION**

August 2016 - August 2017

ST5CC1  
Reviewed 08.09.16**OFFICE USE ONLY**

Received Post		Received Base Mail		Received Email	
Account Ref		User Type		No of children	
Date Reg Fee Received		Receipt Number			
Date Form Received		Date Form Processed			
<b>We use email as the primary form of communication, please indicate if you prefer hard copies of the following</b>					
Booking Information <input type="radio"/> Service Updates <input type="radio"/> Newsletters <input type="radio"/> Events <input type="radio"/> All Information <input type="radio"/>					

**Please complete a form for each child you want to register with the service**

Applications will not be processed unless all sections are completed, if question is not applicable please insert NA

Child Forename		Base Requested	
Child Surname		School Attended	
Address		Child Date of Birth	
		Child Current Age	
		Child Gender	
Postcode		Home Tel	

**Parent/Carer 1 will be the primary contact for all emails, queries and emergencies**

<b>Parent/Carer 1</b>		<b>Parent/Carer 2</b>	
Forename		Forename	
Surname		Surname	
Occupation		Occupation	
Employer		Employer	
Work Tel		Work Tel	
Mobile No		Mobile No	
Email		Email	

**Authorised Contacts**

Contacts must be available to take responsibility for your child during service opening hours if you are unable to do so.

Full Name		Full Name	
Address		Address	
Post Code		Post Code	
Home Tel		Home Tel	
Mobile		Mobile	
Relationship to family		Relationship to family	

**Child Medical Contacts**

Doctor Name		Surgery Address		Tel	
Local Health Centre		Address		Tel	

**For planning purposes and government statistical returns we require the following information**

(no identifiable info disclosed)

Your child's ethnic group?	
What is your Family Status	Lone <input type="radio"/> Married <input type="radio"/> Partnered <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/>
Is childcare essential for your	Employment <input type="radio"/> Training <input type="radio"/> College <input type="radio"/> University <input type="radio"/> Other <input type="radio"/>
Will you claim the childcare element of Working Tax Credits? (HMRC do random checks)	<input type="radio"/> Yes <input type="radio"/> No

**How did you hear about our service?**

Current User <input type="radio"/> Previous User <input type="radio"/> School <input type="radio"/> Nursery <input type="radio"/> Internet <input type="radio"/> Facebook <input type="radio"/> Twitter <input type="radio"/>
Leaflet <input type="radio"/> Poster <input type="radio"/> Banner <input type="radio"/> Word of Mouth <input type="radio"/> YMCA Event <input type="radio"/> Other (state) <input type="radio"/>

**BOOKING REQUEST**  
Term Year August - June

<b>Child Name</b>		<b>Child ID (CID)</b>	
<b>School</b>		<b>Head Teacher</b>	
<b>Address</b>			
<b>Post Code</b>		<b>School Telephone</b>	
<b>Booking Request Details</b>			
Before School sessions are available in Kildrum, Broompark Dennyloanhead and Lenzie. Mark all sessions required with an X			
<b>Start Date Requested</b>		<b>Exit Date (if known)</b>	
<b>Sessions Requested</b>	7.30	12 – 3.pm	3 – 6pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
My child needs taken to school	<input type="radio"/> YES <input type="radio"/> NO	My child needs collected from school	<input type="radio"/> YES <input type="radio"/> NO
I will consider a partial placement offer			<input type="radio"/> YES <input type="radio"/> NO
<b>Please select your preferred method of payment</b>			
<i>For security reasons cash payments will only be accepted at Central Office</i>			
Weekly DD <input type="radio"/> Monthly DD <input type="radio"/> Debit Credit Card <input type="radio"/> Cheque (Post Dated) <input type="radio"/> Weekly Vouchers <input type="radio"/> Monthly Vouchers <input type="radio"/>			
If paying by Vouchers please state company name			
<b>Complete this section if you expect part or all of your fees to be paid by an Agency</b>			
<i>It is essential you get written confirmation of the contribution from the Agency or College as you are liable for any shortfall in their payments.</i>			
<b>Agency Contact</b>			
<b>Agency Address</b>		<b>Post Code</b>	
<b>Contact Tel</b>		<b>Contact Email</b>	
<b>Course Title</b>		<b>Start Date</b>	<b>Finish Date</b>
<b>Student Name</b>		<b>Student No: or ID</b>	
Will fees be paid direct to Cumbernauld YMCA YWCA by the Agency?			YES <input type="radio"/> NO <input type="radio"/>
Will Agency pay the YMCA	Weekly <input type="radio"/> Monthly <input type="radio"/>	How much will the Agency contribute	£
What date will payments start?	/ /	What date will payments stop?	/ /
<b>Agency Invoice Details (only if different from those above)</b>			
<b>Invoice Contact Name</b>			
<b>Invoice Address</b>			
<b>CONSENT</b>			
I consent to Emergency treatment for my child (Dental; Medical; Surgical)			YES <input type="radio"/> NO <input type="radio"/>
I consent to my child being photographed or videoed for use in service publicity materials & reports			YES <input type="radio"/> NO <input type="radio"/>
I consent to staff assisting my child to put on sun creams			YES <input type="radio"/> NO <input type="radio"/>
I consent to my child having snacks provided by the service			YES <input type="radio"/> NO <input type="radio"/>
I consent to my child participating in Hair Braiding: Hair Paint: Hair Glitter activities (it washes out)			YES <input type="radio"/> NO <input type="radio"/>
I consent to my child participating in Face Painting: Temporary Tattoos: Body Glitter Activities			YES <input type="radio"/> NO <input type="radio"/>
I consent to my child taking part in on and off site activities and outings			YES <input type="radio"/> NO <input type="radio"/>
<b>PARENT / CARER DECLARATION</b>			
<i>Both parties of married or cohabiting couples must sign and are equally bound by the declarations below</i>			
I accept the registration fee is non-returnable but converts to the annual registration fee when my child starts at the service			
I accept Registration or Re-registration forms will not be processed until the £12.50 registration fee is paid			
I accept fees are charged from child start date for full term year inclusive of all Public Holidays, School and Service closures			
I agree to pay my fees weekly or monthly in advance of usage, from my start date and for the full term year			
I agree to pay all fees due if an Agency fails to pay all or part of my fee agreement with them.			
I accept my child will not be able to start until all required forms are in place and associated or outstanding fees are paid			
I accept all service Terms & Conditions apply to electronic bookings			
I will notify Booking Administrator of any changes to Registration or Child data including one week's notice of exiting the service			
By accepting a place for my child I am agreeing to all Terms & Conditions of the Service (Main Contract issued with Placement Offer)			
<b>Signature Parent /Carer 1</b>		<b>Date:</b>	/ /
<b>Signature Parent /Carer 2</b>		<b>Date:</b>	/ /

### Child Personal Plan

The Team Leader will discuss your expectations as well as answer any questions you or your child may have about the service at your free pre-start visit. The information you give will support us in providing a care setting that is safe and nurtures the health and wellbeing of your child.

<b>Child Name</b>		<b>Child ID (CID)</b>		<b>Child Start Date</b>	/	/
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**CUSTODY / ACCESS ISSUES:** - We cannot restrict access by a child's parent or guardian unless we are given a copy of the court order stating restrictions are in place. Please give outline of any restrictions in place and what staff need to be aware of to keep your child safe.

**MEDICAL CONDITIONS:** - Please state name of condition and key information staff need to know to care for your child. If your child self – medicates, requires regular or ‘as required’ medication, you will need to complete our **Medication Consent** (Form ST5 HS3) which will be stored with child’s medication. Staff will carry out a **Risk Assessment** (Form ST1 HS3) for your child if appropriate.

**ALLERGIES:** Please state allergies and list key symptoms staff need to be aware of. If your child self – medicates, requires regular or ‘as required’ medication for allergies, you will need to complete our **Medication Consent** (Form ST5 HS3) which will be stored with child’s medication. Staff will carry out a **Risk Assessment** (Form ST1 HS3) for your child if appropriate.

If your child has a food related allergy we recommend you provide your own snacks & drinks as we cannot guarantee our snacks will be allergen free

**DIETARY NEEDS and PREFERENCES:** - Please give details. The service cannot meet all dietary preferences, so you may need or prefer to provide your own snacks and drinks. Sugary snacks and drinks are reserved for special occasions or events and staff will carry out a **Risk Assessment** (Form ST1 HS3) for your child if appropriate

**MOBILITY AND OR ADDITIONAL SUPPORT NEEDS:** - Please give specific details of mobility requirements and additional support needs, including any behavioural issues we need to be aware of. You may need to attend a meeting and visit the childcare site to ensure your child’s needs can be met within the care setting and standard adult child ratio. If a place is offered a **Care Plan** (Form ST5CC3a) and **Risk Assessment** (Form ST1 HS3) will be carried out before your child starts at the service. Regular reviews will be applied to ensure Care Plans remains effective.

**Please help us to get to know your child and help them to settle in to our care setting:** - Are they quiet; shy or an extrovert. Do they have any major likes or dislikes Do they have favourite Comics; Movies; Superhero, Electronic Game; TV Programme; Quiz Show; Hobby; Music; Do they enjoy Arts & Crafts; Table Games; Holiday; Outing; Food; Outdoor/Indoor play; Drawing; Making things; Reading etc..

**What are the key things you want your child to experience at our after school care?** (Parent / Carer completes)

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**What would \_\_\_\_\_ like to do at POMP** (Completed by child & childcare staff)

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**What we will do to meet child & parent expectations as noted above** (Completed & referenced by childcare staff)

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<b>Date Plan Agreed</b> (Within 28 days of start date)		<b>Parent / Carer</b> <b>Signature</b>	
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**6 Month Review**

**What are the key things you want your child to experience at our after school care?** (Parent / Carer completes)

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**What would \_\_\_\_\_ like to do at POMP?** (Completed by child & childcare staff)

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**What we will do to meet child & parent expectations as noted above** (Completed & referenced by childcare staff)

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<b>Date Plan Reviewed</b> (6 months from above date)		<b>Parent /Carer</b> <b>Signature</b>	
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