



Afterschool Registration Form
 347 Caledonia Road, Glasgow, G5 0JY
 0141 429 1140

Child's Information	Pregnant Woman/Parent/Carer Information	Referrer Information
First Name	First Name	Name of Referrer
Surname	Surname	Self-Referral
Flat/House No.	Flat/House No.	Referrer Address
Street Name	Street Name	Street Name
Postcode	Postcode	Postcode
Contact telephone/mobile	Contact telephone/mobile	Contact telephone/mobile
Emergency Contact No.	E-mail address	Emergency contact number
Date of Birth	Date of birth	
District No. on Birth Certificate	Ethnicity	
Entry No. on Birth Certificate		
Disability/Ethnicity	Disability	
Name of School/Nursery		
Reason for referral/request for assistance	Reason for referral/request for assistance	Reason for referral/request for assistance
What is the child's view of the referral	What is the parents view of the referral	Is the family aware of the referral/request for assistance
Name of GP	Family Strengths	List any health and safety issues for staff
Name of Health Visitor	Informal support networks	
Name of Dentist	Other family members	
Out of School care services	Name of significant male in the child's life	
Legal Status	Household Status	
CHI number (where known)		
SCN number (where known)		
Name of Siblings		
Address of Siblings		



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Children's Registration Form

Afterschool Care

Name of Child:

Address:

.....

.....

.....

Tel No.: Date of Birth:

School Attended:

Finishing time: Primary Class:

Mum/Dad/Guardian's Name:

Lone Parent: Two Parents:

If you are divorced, do you have legal custody of the child named above?

.....

.....

If not who does?

Name of doctor:

.....

.....

Tele No.:

Emergency Contact:

Address:

.....

Tel No.:

Relationship:



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Children's Registration form (cont)

Parent's Employment:

1. 2.
.....
.....

Tele No.....

Does your family require support because of
an additional needs/special need: Yes No

Please provide details:.....
.....
.....
.....

Please provide details of any relevant professionals that are working alongside your
family:

Name:.....
Status:.....
Address:.....
Tele No.....

Please provide details of times and days you require afterschool care, you will only
be allocated days/times you attend work or college:

Days and times you require during term time:

Monday:.....
Tuesday:.....
Wednesday:.....
Thursday:.....
Friday:.....



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Children's Registration form (cont)

Days and Times required during holidays:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Is there anyone who is not authorised to collect your child?:

.....
.....
.....
.....

Do you authorise anyone to collect your child without prior notice: Yes No

Please state names:

.....
.....
.....
.....
.....

Has your child had a tetanus injection within the last 5 years? Yes No

Does your child have any allergies/disabilities/recurring illness? Yes No

Please state:

.....
.....
.....
.....



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Children's Registration form (cont)

Does your child suffer from seizures: Yes No

If so what action should be taken:

Please State:

.....

.....

.....

Details of any medication used:

Do you consent to medication being administered? Yes No

Is there anything else about your child we should know?:

.....

.....

.....

.....

I declare that the information in this registration form is correct:

Signature:..... Date.....

I acknowledge that I have received a copy of Task policies and regulation, and I agree to abide by these:

Signature:..... Date.....

Do you have any younger children who may require place in the future?

Name:..... Date of Birth.....



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Consent Form

I consent for my son/daughter.....to participate in
any activities within/outside the premises under the supervision of Task Staff

Address:.....

Date of Birth:.....

Mum/Dad Name.....Signature.....

Telephone:.....

Does your child suffer from any illness that may cause concern?:

.....
.....
.....

Does your child have any dietary requirements?:

.....
.....
.....

Does your child have any allergies?:

.....
.....

Name of Mum/Dad /Carer:.....

Address:.....

.....

Tele No.:.....

Emergency Contact

Name:.....

Address:.....

.....

.....

Tele No.:.....

Please give name and telephone number of Doctor:

.....

.....

Mum/Dad/Carers signature..... Date.....



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Adult Nomination Form

Dear Mum/Dad/Guardians

It appears from recent staff observation that children are being picked up by adults who have not been nominated on the registration form. I am sure you will agree that the safety and security of the children who attend our project is paramount. It is important that we tighten up the present security measures for the collection of your children.

We would be grateful if you would please list below any other adults that you nominate to pick up your child/children.

Child's Name:

Password:

Do you authorise anyone to collect your child without prior notice?

Yes

No

If you answered yes to the above please state:

1.

2.

5.

3.

4.

6.

May we express that no child will be given to anyone who is not named above. (in case of emergencies it is important to contact the project by telephone if any other person is collecting your child/children). Please take the time and complete this form and return to Task as soon as possible.



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We are committed to Equal Opportunities within our establishment and, as part of this policy, all applicants for placement are asked to complete the details requested below. The information will be used only for the purposes of monitoring the policy and it will be separated from your application. The information it contains will not be used in deciding whether or not to offer you a placement within our establishment

Please complete Childs Details below :

Surname.....	Title.....
Forenames.....	Home Telephone No
Address.....	Parents Work Telephone No
.....	
.....	
Date of Birth.....	Age.....

I would describe my ethnic origin as (please tick appropriate box):

- | | | | | | |
|---|--------------------------|-----------------|---|--------------------------|-------------|
| A | <input type="checkbox"/> | White -UK | F | <input type="checkbox"/> | Indian |
| B | <input type="checkbox"/> | White-other | G | <input type="checkbox"/> | Pakistani |
| C | <input type="checkbox"/> | Black-Caribbean | H | <input type="checkbox"/> | Bangladeshi |
| D | <input type="checkbox"/> | Black-African | I | <input type="checkbox"/> | Chinese |
| E | <input type="checkbox"/> | Black- Other | | | |

Country of birth : 1. UK 2. Other EC 3. Other

My sex is (tick as appropriate): 1. Male 2. Female

Family Status is (please tick appropriate box): 1. Single Parent 2. Two Parent 3. Other

Does the applicant have an Additional Support Need (please tick appropriate box):

1. Yes 2. No

As a parent do you have prime responsibility for caring for children: Yes No

As a parent do you have prime responsibility for caring for an elderly relative or a relative with additional support needs Yes No

Thank you for taking time to complete the above Information