



347 Caledonia Road, Glasgow, G5 0JY  
0141 429 1140

## **ADMISSIONS POLICY**

### **Out Of School Service**

- a. Parents must be working, in training or further education (The Board reserve the right at any time to ask for proof of employment/university/college timetables).
- b. Children must reside and attend one of the primary schools/ local nurseries within the Gorbals G5 area for our term time cover
- c. Private places will be available for people who may work in the Gorbals area and wish to use the service during holiday periods from school/nursery.

### **Hours of Opening**

Early morning	8.00am - 9.00am	spaces for 12 children
Afternoon	2.30pm -5.30pm	spaces for 58 children
Holiday Cover	8.00am-5.30pm	spaces for 55 children

Children must be picked up no later than 5.30pm.



## OUT OF SCHOOL CARE

Name of Child: .....

Address : .....

.....

Tel No: ..... Date of Birth: .....

Name of School/Nursery Attended: .....

Start Time: ..... Finish Time: .....

Parent /Guardians Name: .....

Lone Parent: ..... Two Parent Family: .....

If divorced, do you have legal custody of the child named above?: Yes  No

If not who does?: .....

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Name of Child's Doctor: .....

Address: .....

Tel No: .....

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Emergency Contacts Name: .....

Address: .....

Tel No: ..... Relationship to child: .....

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Parent's Employment:

1): ..... 2): .....

.....

Tel No: ..... Tel No: .....

(Please provide details of employment i.e. days and times of work on company headed note paper)



## CHILDREN'S REGISTRATION FORM (cont.)

Does your child/family require support due to having an additional need: Yes  No

Please provide information: .....

.....

.....

Please provide details of other Professionals working alongside your family (e.g. Social Workers, Health Service that may be able to support your application)

Name: .....

Title: .....

Address: .....

Tel No: .....

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Please provide the times and days you require out of school

(Please note you will only be allocated days/times when you are at work or college)

Days and Times required:

### During Term Time:

Monday: .....

Tuesday: .....

Wednesday: .....

Thursday: .....

Friday: .....

### During Holidays:

Monday: .....

Tuesday: .....

Wednesday: .....

Thursday: .....

Friday: .....



## CHILDREN'S REGISTRATION FORM (cont.)

Is there anyone that should not collect your child?: Yes  No

Please give details: .....

.....

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

(only adults nominated on the authorisation form will be given your child see attached form)

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

your child have any: Allergies, Additional Support Needs, or a Recurring Illness?:

Yes  No

Please give details: .....

.....

Does your child suffer from Seizure?: Yes  No

What action should be taken?: .....

Details of Medication to be used if any : .....

Do you consent to medication being administered?: Yes  No

(Only medicine prescribed to the child will be administered)

(Please ask for administration of medication policy)

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

.....



## ADULT NOMINATION FORM

The safety and security of the children who attend our project is paramount. It is therefore important that we implement security measures for the collection of your child

Do you nominate anyone to pick up your child without prior notice? Yes  No

(Please tick appropriate box)

If you wish to nominate please provide the following information

Name of Child: .....

Password: .....

Only adults named below will be authorised to collect your child without prior notice.

Name 1: .....

Name 2: .....

Name 3: .....

May we express a child will only be given to authorised persons who must provide a password.  
(in case of emergencies it is important to contact the project by telephone if any other person is collecting your child/children, password must be provided).

Signature of Parent/Carer: ..... Date: .....



## CONSENT FORM

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

Task Staff:

Name of Child: .....

Address : .....  
.....

Date of Birth: .....

Parents/Carer Name: ..... Signature: .....

Address : .....

Tel No: .....

Does your child suffer from any illness that may cause concern?: Yes  No

.....

Does your child have any dietary requirements?: Yes  No

.....

.....

Does your child have any allergies?: Yes  No

.....

Emergency Contacts Name: .....

Address: .....

Tel No: ..... Relationship to child: .....

Name of Child's Doctor: .....

Address: .....

Tel No: .....

Parent/Carers signature: ..... Date: .....



## EQUAL OPPORTUNITIES

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 :

Title: ..... Surname: ..... Forenames: .....

Address: .....

Tel No: ..... Parents Work/Contact Tel No:: .....

Date of Birth: ..... Age: .....

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

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> White -UK       | <input type="checkbox"/> Indian      |
| <input type="checkbox"/> White-other     | <input type="checkbox"/> Pakistani   |
| <input type="checkbox"/> Black-Caribbean | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Black-African   | <input type="checkbox"/> Chinese     |
| <input type="checkbox"/> Black- Other    |                                      |

Country of birth:  UK  Other EC  Other

My sex is (Tick as appropriate):  Male  Female

Family Status is (Please tick appropriate box):  Single Parent  Two Parent  Other

Does the applicant have an Additional Support Need?: Yes  No   
(Please tick appropriate box)

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



## DECLARATION

I declare that the information in this registration form is correct and that I have received a copy of Task Childcare's Policies and Procedures and I agree to abide by them

Parents /Carers Signature: ..... Date: .....

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

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

Do you have any younger children you with a place for in the future?

Name: ..... D.O.B: .....

Application Received: ..... Date: .....

All copies of required documentation included :      Yes       No

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