

Peace of Mind for Parents Out of School Care Service
Registration & Booking Request for Term Aug 2023 – June 2024

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 Reviewed 18.01.2024
ST5CC1a1

NOTE: This PDF Form should be completed using the free 'Adobe Reader' Software or app

OFFICE USE ONLY

Rec'd Post/...../.....	Rec'd Base Mail/...../.....	Rec'd Email	
Account Ref		User Type		No's children	
Reg. Fee Rec'd/...../.....	Rec.t Number		Child ID	
Form Rec'd/...../.....	Form Processed/...../.....	Term Start/...../.....

Parent Completes

Submit a completed form for every child you want to register with the service. If a section is not applicable please v No or enter N/A

Email is our primary form of correspondence. <i>Please click no if you prefer documents posted out.</i>	YES	NO
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Child Details

Child Forename		Base Requested	
<i>Name child likes known as</i>		Primary School	
Child Surname		Primary Year	
Address Line 1		Child Date of Birth	
Address Line 2		Child Current Age	
Postcode		Child Gender	

Parent/Carer 1 will be Primary contact for all communications & emergencies

Parent/Carer 1 Forename		Parent/Carer 2 Forename	
Surname		Surname	
Mobile No		Mobile No	
Email (Childcare Information)		Email (Childcare Information)	
Daytime Telephone		Daytime Telephone	
Occupation		Occupation	
Company Name		Company Name	

Authorised Persons Allowed to Collect or Contact Child other than Parent /Carer 1 or 2

Contacts must be responsible adults and have agreed to collect your child at short notice during service opening hours if you are unavailable.

Full Name		Full Name	
Address		Address	
Contact Number		Contact Number	
Relationship to child		Relationship to child	

Childs General Practitioner or Medical Centre Name & Telephone Number

GP		Medical Centre	
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CHILD School Details

Child Name		Child ID	
School Name		Head Teacher Name	
Address			
Post Code		School Telephone	

TERM TIME Sessions Requested

BASE	Before School 7.30 – 9am	After School 3 - 6pm	Daily Fee
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total Weekly Fee			£
My child needs taken to school	YES	NO	My child needs collected from school
			YES
			NO

Please select your preferred advance method of payment

For security reasons cash payments are only accepted at Central Office

Weekly DD	Monthly DD	Debit Credit Card	Cheque	Weekly Vouchers	Monthly Vouchers	HMRC
If paying by Vouchers please enter company name						
If claiming HMRC Childcare Tax Credit please enter Number						

Complete this section if you expect an Agency or College to pay, part or all of your childcare fees

It is essential you have written confirmation from the Agency / College what they will pay and for how long, as you are liable for any shortfall in their contribution.

Agency Contact			
Agency Address		Post Code	
Contact Tel		Contact Email	
Course Title		Start Date	Finish Date
Student Name		Student No: or ID	
Will the Agency make all fee contribution payments direct to Cumbernauld YMCA?			YES NO
Will Agency pay the YMCA	Weekly Monthly	How much will the Agency contribute	£
What date do payments start?		What date will payments stop?	

Insert Agency Contact Details For Invoice Purposes (if different from those above)

Invoice Contact Name	
Invoice Address	

Parent / Carer Consent

I consent to Emergency treatment for my child (Dental; Medical: Surgical)	YES NO
I consent to my child taking part in off-site outdoor activities and outings	YES NO
I consent to staff assisting my child to put on sun creams	YES NO
I consent to my child having snacks provided by the service	YES NO
I consent to my child participating in Hair Braiding: Nail Paint /Hand Face/Foot massage	YES NO
I consent to my child being photographed during activities for Personal Care Plans & Inspection evidence	YES NO
I consent to my child being photographed during activities for use in service marketing leaflets etc.	YES NO

Parent / Carer Service Agreement Statements:


Both parties of married or cohabiting couples must sign below and are equally bound by the Service Agreement Statements

I accept the annual registration fee is non-returnable should I decide not to return in August	
I understand I must pay the Registration fee before my application is processed (1 child £12.50 or Family Fee £25)	
I understand fees are due from my start date, inclusive of all school & service closures Inc. Public Holidays	
I agree to pay my fees weekly or monthly in advance of usage.	
I agree to pay the Retainer in advance to secure my place - see booking confirmation for pay date.	
I agree to pay my advance fees by insert Monthly Payer by 1st August or Weekly Payer by 10th August	
I agree to pay all fees due if my 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 an Administrator by email of any changes to Registration or Child data happening during the term year	
I agree to give 4 weeks paid and written notice when exiting the service or <u>requesting</u> a reduction in usage	
I understand by accepting a place for my child, I am agreeing to all Service Terms & Conditions	
Signature Parent /Carer 1	Date:
Signature Parent /Carer 2	Date:

The answers below are used in government returns & our own forward planning in non-identifiable formats

Relationship Status	Lone Married Partnered Separated Divorced Widowed
Childcare is essential for work	Employment Training College University Other
Will you claim the childcare element of universal credits or any other Tax Credits?	Yes No

Health Check Questions about your child. If you answer yes to any of the following, please give basic details only.

Insert photo of your child please	Does your child have any allergies or special dietary needs?	Yes No
	Does your child have any medical condition we should know about?	Yes No
	Does your child require any medication whilst in our care?	Yes No
	Does your Child require an Epi Pen?	Yes No
	If so, do they carry their own?	Yes No
	Does your child require an inhaler?	Yes No
	If so, do they carry their own?	Yes No
	Does your child have any diagnosed or undiagnosed additional support needs?	Yes No