



Peace of Mind for Parents Out of School Care Service
Term Aug 2024 to June 2025 - Registration Booking Form
 Including people starting from May 2024

ST5CC1a1
 Created 04.08.2022
 Reviewed 21.04.2024

Please use the free 'Adobe Reader' Software or App to complete this PDF Form

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

Please complete all sections, insert Yes, No or NA if a question is not applicable

PARENT DETAILS

Email is our primary form of correspondence. If you prefer a hard copy document is sent out please box

Parent 1 - Parent/Carer (Primary Contact for all Communication / Emergencies)

Relationship to child				
Email address				
Forename		Surname		
Address Line 1		Address Line 2		
Town		Postcode		
Personal Mobile		Work Tel: (emergency)		
Occupation		Company Name		

Parent 2 - Parent / Carer

Relationship to child				
Email address				
Forename		Surname		
Address Line 1		Address Line 2		
Town		Postcode		
Personal Mobile		Work Tel: (emergency)		
Occupation		Company Name		

AUTHORISED CONTACTS

Authorised Contacts must have agreed to collect your child from service in an Emergency if you cannot be reached

Authorised Contact 1 (AC1)

Relationship to child				
Forename		Surname		
Address		Postcode		
Mobile		Other Tel No		

Authorised Contact 2 (AC2)

Relationship to child				
Forename		Surname		
Address		Postcode		
Mobile		Other Tel No		

Statistical Government Returns

The answers given below are used in statistical returns and are not identifiable to any individual or family

Relationship Status - Lone; Married; Partnered; Separated; Divorced; Widowed	
Childcare is essential for - Employment; Training; College; University; Respite	
Are you aware you can claim Universal Credits or Tax Credits toward childcare costs	

AGENCY / COLLEGE FEE CONTRIBUTION

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

Agency Name						
Agency Contact				Tel:		
Contact Email						
Agency Address						
Town/City				Post Code		
Student Name				Student No / ID		
Course Title						
Course Start Date			Course Finish Date			
Will Agency pay all fee contributions direct to Cumbernauld YMCA bank account						
How much and how often will Agency pay YMCA their contribution?	Weekly	£	Bi Weekly	£	Monthly	£
Date 1 st contribution payment starts			Date final contribution will be paid			

If the Agency Payment Invoice goes to a different office, please give details.

It is essential you have written confirmation what they will pay and for how long, as you will have to pay any shortfall in their contributions.

Invoice Contact Name				Invoice Office Tel:	
Invoice Office Address					
Invoice Office Email					

ADVANCE PAYMENT METHOD

Please confirm your payment method & type (v) For security reasons we only accept cash payments at our Central Office

Pay Weekly	W. Direct Debit	<input type="checkbox"/>	W. Standing Ord	<input type="checkbox"/>	W. Voucher	<input type="checkbox"/>	W. Card Pay	<input type="checkbox"/>	W. Tax Credit	<input type="checkbox"/>
Pay Monthly	M. Direct Debit	<input type="checkbox"/>	M. Standing Ord	<input type="checkbox"/>	M. Voucher	<input type="checkbox"/>	M. Card Pay	<input type="checkbox"/>	M. Tax Credit	<input type="checkbox"/>
If paying by Vouchers please enter company name										
If claiming HMRC Tax Free Childcare please enter number										

REGISTRATION BOOKING DETAILS

School Details

Child Name				Child ID	
School Name					
Head Teacher Name				Head T email	
School Address				School email	
Post Code				Telephone	
School Start AM				School Finish PM	

Sessions Requested

Attendance Days v	Arrival Time	7.45am - 8.45am	Collect Time	3.00pm - 6.00pm	(Office - Fees)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Total Weekly Fee					£

PARENTS/ CARERS BOOKING & PLACEMENT AGREEMENT

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

I understand the placement offer is not valid until pre start fees are paid in full			
I understand my Retainer Fee will remain in my account or returned if I leave the service (If my account is clear)			
I understand the Annual Registration fee must be paid in full before this form is processed (1 child £20.00 or Family Fee £30)			
I accept the annual registration fee is non-returnable			
I accept fees are payable from the school return date until end of June, inclusive of all school & service closures & Public Holidays			
I agree to pay my fees weekly or monthly in advance by my chosen payment method			
I accept I am liable to pay all fees due if my Agency / College fails to pay all or part of the fee agreement I made with them.			
I will notify an Administrator immediately of any changes to my child registration data including contact numbers			
I accept and agree to give 4 weeks paid and written notice when exiting the service or requesting session reductions.			
I understand by accepting a place for my child, I am agreeing to all Service Terms & Conditions, including electronic bookings			
Parent / Carer 1 Signature		Date	
Parent / Carer 2 Signature		Date	

NB. Service contract will be sent out with a Placement Offer

CHILD REGISTRATION DETAILS – AUGUST 2024 TO JUNE 2025

Child ID		Child Forename		Child Surname	
Child known as				Child Gender	
Child Date of Birth		Child Current Age		Primary Yr	

CHILD GP DETAILS

Child GP Name				Tel:	
Medical Centre Name					
Medical Centre Address				Postcode	

CHILD HEALTH & WELLBEING

If you answer yes to any questions you will receive a support and or medical form to complete.

Does your child require additional support or have a diagnosed need?	
Has your child had extra support from school or another agency?	
Does your child have a medical condition/s?	
Does your child suffer from allergies	
Does your child have special dietary needs?	
Will your child require medication during out of school care?	
Does your child carry medication, to self-medicate as required?	
Does your Child use an Epi Pen?	
Does your child use an inhaler?	
Are there any custody or access restrictions in place that we need to know about?	

PARENT CONSENT

I consent to Emergency Treatment for my child (Dental; Medical: Surgical)	
I consent to my child participating in on and off-site programme activities, including trips to local park, etc.	
I consent to staff assisting my child to put on sun creams	
I consent to my child having a hand massage and using peel off nail varnish	
I consent to my child having snacks provided by the service	
I consent to photographs of my child being used in service brochures; leaflets; flyers etc.	

PARENT VOICE – What is important about my child

The information you give will help staff to provide support suited to your child's individual needs

If your child has siblings what are their names and ages?

In new setting with new people is your child likely to be quiet, shy; anxious until they get to know people; or more confident about chatting and mixing with others as they settle in?

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Are there any situations that your child struggles to cope with, e.g. people invading their space or interrupting a game? Do they prefer quiet or loud noisy activities or a mix of both? Are they easily bored; distracted. Do they look forward to trying out or learning new games activities?

Does your child have any specific hobbies or clubs they attend?

Is there something your child is very good at, knowledgeable about or has a keen interest in?

Our services offer a wide range of activities, too many to list, and the staff plan a monthly programme with the children to ensure their ideas and requests are on the programme at some point where possible. Activities take place indoors and outdoors with planned and free play opportunities. These include; Active Games; Potted sports; Races; Parachute Games; Competitions; Colouring; Painting; Kinetic Sand; Clay Modelling; Hama Beads; Group Games; Junk Modelling; Jenga; Knex; Lego; Magnetix; Traditional Board Games; Card Games (Uno Trumps) Bat & Ball Games; Skipping; Dance; Music; Role Play; Console Games; DVDs; Puzzles; Story telling; Chillin & Chatting. Please indicate what types of activity and or interests your child enjoys.

Is there anything else you feel we should know about your Child to help provide a better care experience?