

Ralston Out of School Care

Dear Parents/Guardian

Thank you for your interest in Ralston Out of School Care. If you would like more information about the services we offer and the admissions policy please read our parents handbook available from our website or by contacting the service.

If you would like to apply for a place at Ralston Out of School Care for your child please fill in all the forms below, including the booking request form and return the completed application to the service at the address below. When you are allocated a place we will send out a contract and a standing order form, both of which will need to be completed and returned to us before your child starts.

If you have any questions about the service or the application form, please do not hesitate to contact us at the contact details below.

Kind Regards

Grace Berry

Service Manager

Mobile No. 07932005224

Email:graceberry60@hotmail.com

Email:ralston.osc@hotmail.co.uk

Ralston Out of School Care

C/o Ralston Primary

School Road,

Paisley PA1 3AT

Tel: 0141 882 5230

Website: www.rosc.org.uk

**Registration Form**



Ralston Out of School Care

Name of Child: ………….…………………………………… …………………………….

Date of Birth: ……………………………………………………………………………....

Home Address: …………………………………………………………………………….

…………………………………………………………. Post Code: ……………………..

Home Telephone Number: ………………………………………………………………..

Email Address………………………………………………….Class: …………………..

Mothers Name: …………………………………………………………………………..

Address (If different from above)

…………………………………………………………………………………………….

Fathers Name: ……………………………………………………………………………..

Address (If different from above)

………………………………………………………………………………………………

# Emergency Contact Number

Please denote main contact person \*

Fathers work number: …………………………. Mobile Number: ……………………….

Mothers Work Number: ……………………….. Mobile Number: ……………………….

Emergency Contact (Other than parents)

Name ………………………………………………………………………………………

Address: ……………………………………………………………………………………

Home Phone Number: ……………………….. Mobile Number …………………………

Relationship to child: ……………………………

Name of Childs G.P. ……………………………………………………………………….

Address: …………………………………………………………………………………

Telephone Number: ……………………………………………………………………….

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Ralston Out of School Care

## Medical Details

Is your child sensitive to any drug? Yes/No If yes please give details.

……………………………………………………………………………………………..

Does your child have any allergies? Yes/No If yes please give details.

………………………………………………………………………………………………

Does your child routinely take medication? Yes/No If yes please state drug and condition.

……………………………………………………………………………………………..

Does your child have any medical problems we should know about?

………………………………………………………………………………………………

Is there any food or drink that your child is prohibited due to medical or religious conditions? Yes/No

………………………………………………………………………………………………

Is there anything else that you think the OSC should know?

……………………………………………………………………………………………….

In the event that your child becomes ill whilst in the care of Ralston Primary Out of School Care, do you give permission for your child to receive emergency medical treatment?

Yes/No

Signed: ……………………………………………… Date: ………………………………..

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Ralston Out of School Care

**Permission to apply sunscreen**

Children love to play outside in the sun, but sunburn in childhood increases the risk of developing skin cancer in later life.

Children’s skin is delicate but you can protect their skin by:

* Avoiding the midday sun (between 11am and 3pm)
* Playing in the shade
* Wearing a hat that covers the ears and neck
* Covering up with a T-shirt and wear sunglasses that have UV filters
* Using a minimum of SPF15 sunscreen on exposed skin. Apply sunscreen liberally and reapply regularly.

The Ralston Out of School Care is concerned about protecting your child from sunburn and skin damage. Please provide a suitable hat, such as a legionnaires hat or sunhat. On sunny days apply sunscreen to any exposed parts.

Please note that due to Health and Safety guidelines that without sunscreen we may have to keep your child inside.

With your consent we will also help your child apply sunscreen when necessary. Please complete and return the consent form below.

…………………………………………………………………………………………………………………………………

**Permission to apply sunscreen**

Child’s Name: ……………………………………… Date of Birth: ……………………

Address: …………………………………………………………………………………..

…………………………………………………………………………………..………….

…………………………………………………………………………………..……….…

I am happy for my child to have sunscreen applied at the Ralston Out of School Care

*Please delete as appropriate:*

A) I am happy for the OSC to provide sunscreen.

*or*

B) I will provide a bottle of sunscreen labelled with my child’s name for use at

the OSC.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This consent will remain valid whilst your child is in the care of this club.

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Ralston Out of School Care

**Photograph Permission Form**

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At Ralston out of School Care we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the parent or carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes:

* Electronic and printed information, displays and exhibitions at the Club
* Website for Club
* Promotional material for the Club
* To accompany staff or student coursework
* Observation and assessment
* Club records of my child
* Local newspaper or magazine
* National newspaper or magazine
* Other organisation’s website
* Other organisation’s promotional material
* Other

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child’s participation.

|  |  |
| --- | --- |
| Child’s name: | Parent/carer’s name: |
| Date: | Parent/carer’s signature: |

## 



Ralston Out of School Care

### Signatures Form

This Form is required for sample signatures of all adults (including parents) who may collect your child from the Out of School Care. An adult will only be allowed to collect your child if they are named below and a sample signature provided.

Child/Children’s Names:

………………………………………………

………………………………………………

………………………………………………

Name: Signature

………………………………. …………………………………..

………………………………. …………………………………..

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Ralston Out of School Care

**Various Trip Consent Form**

**1.** I do/do not (delete as appropriate) give my permission for my child/ren to go any trips within Renfrewshire. These would include public parks, swimming, skating, bowling, cinema, big adventure, museum, library and any other attractions in Renfrewshire which we feel would be appropriate. I acknowledge the need for obedience and responsible behaviour in his/her part.

2 MEDICAL INFORMATION

(a) Does your son/daughter suffer for any conditions requiring medical treatment, including medication? YES/NO if YES, please give brief details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? YES/NO If YES please give brief details

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) Is your son/daughter allergic to any medication? YES/NO If YES, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) Has your son/daughter received a tetanus injection in the last five years? YES/NO

(e) Please outline any special dietary requirements of your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I undertake to inform the leader-in-charge/head of establishment as soon as possible of any changes in the medical circumstances between the date on which this form is signed and the commencement of the journey.

3 DECLARATION

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I may be contacted by telephoning the following numbers:

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not available at the above, please contact:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, address and telephone number of family doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Ralston Out of School Care

**Rules for Out of School Care**

1. No child is allowed to walk or run around the school building unescorted.
2. No ill/sick children to attend the Service due to risk of infection.
3. No child is allowed to leave the Service alone.
4. No person under the age of 18 will be allowed to pick children up.
5. If the child is to be picked up by someone not on our contact list, parents must notify the service.
6. Parents must inform staff if a child is not to be picked up from school.
7. If your child attends extra curriculum school activities after school, the parent must notify the service if the child is to attend Out of School Care.
8. Only soft shoes are to be worn in the Games Hall.
9. Children are not allowed to misuse the building, furniture or equipment.
10. Children are not allowed to bring hot meals, hot drinks and fizzy drinks into the Service.
11. Children should clear up after themselves, e.g. put away games when finished and pick up rubbish, etc.
12. Children are not allowed to use bad language.
13. Children are not allowed to fight or hit anyone whilst at the Service.
14. If your personal circumstances change in any way, i.e. you change your telephone number or address, or leave your employment, etc. then you must notify the Manager of the Service immediately.
15. Registration Form along with these rules constitute the terms of contract agreement between you and Out of School Care.

16. Please refrain from using the staff car park, however the Service has no obligation to provide parking and therefore users of the rear car park do so at their own risk

Signature …………………………….....................................

Print Name ………………………............................................

Date ………………………………………………………

**ROSC CONTRACT** 

1. The signatory is responsible for collecting the child unless some prior arrangements have been made in writing with the project Manager. The register must be signed when checking the child both in and out of the project. It is imperative that the project Manager has copies of signatures of anyone who is authorised to collect the signatories’ child.
2. Ralston out of School Care cannot provide care for children before 8am and after 6pm. If the parent/ guardian designated to collect the child in unavoidably delayed the signatory is responsible for informing the ROSC before the agreed pick up time. Failure to adhere to this requirement may result in our child protection policy being implemented and Social Work services being contacted.
3. If a child’s behaviour is seen to be dangerous to his/herself or others, the Project Manager has the right to exclude the child from attending the service until such times as appropriate measures have been taken by parents/ guardians to discontinue this behaviour. Failure to put in place adequate measures may result in the ultimate termination of the service.
4. At least 4 weeks’ notice is required for any alteration to the times and or dates of the place. Changes to placement will take effect on the 1st day of the month following formal notification of the change in service.
5. Fees for the service will be spread over the 11 months from August to June and require to be paid by monthly standing order, in advance between 1st and 10th of each month. As with all places in Ralston Out of School Care parents of children in primary one will also be charged from the beginning of August in order to guarantee the placement. Where a Childs account falls into 2 months arrears ROSC reserves the right to suspend the service until the account is brought up to date in full.
6. All parents/ guardians and children agree to adhere to the service rules as attached.
7. Failure to comply with the conditions of this contract may lead to the contract being terminated and the loss of the placement with Ralston Out of School Care.

Childs Name: ……………………………….

Parent/Guardian Name: ……………………………….

Signed……………………………. Date ………………………….

|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| **Booking Request Form**  Name of Parent/ Guardian ……………………………………………………………. | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Contact Address | …………………………………………………………………… | | |  |  |  |  |
|  | …………………………………………………………………… | | |  |  |  |  |
|  | …………………………………………………………………… | | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Contact Telephone | …………………………………………………………………… | | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ***Mornings*** | ***(8am - 9am)*** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Name (insert childs name)** | **Class** | **MON** | **TUES** | **WED** | **THURS** | **FRID** |
| **First Child** |  |  |  |  |  |  |  |
| **Second Child** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ***Afternoons*** | ***(3.15pm - 6.00pm)*** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Name (insert childs name)** | **Class** | **MON** | **TUES** | **WED** | **THURS** | **FRID** |
| **First Child** |  |  |  |  |  |  |  |
| **Second Child** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | (please tick each morning and/or afternoon required for each child) | | | |  |  |  |
|  |  |  |  |  |  |  |  |
| Monthly cost per tariff of charges | | £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Standing order to be paid on | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of each month commencing August 2008 | | | | |  |
|  |  | (insert 1st to 10th) | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- | | | | | | | |
|  |  | **For Official Use Only** | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Date received | …………………………………………………………………. | | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| S/O mandate | ……………. | Received on | ……………………………… | | |  |  |
| Contract | ……………. | Received on | ……………………………… | | |  |  |
|  |  |  |  |  |  |  |  |
| Booking confirmed | ……………. | Signature | ………………………………. | | | Date | ………….. |
|  |  |  | (Manager) |  |  |  |  |
| ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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