



Registration form

Children's Outreach Services

11 McGillivray Avenue

SALTCOATS KA21 6BN

T: 01294 465591



NORTH AYRSHIRE
COUNCIL

(for office use only) I.D. number :

Title & parent's name:

address:

post code:

telephone:

mobile:

Business/college name including course:

address:

post code:

telephone:

days:

hours: from to

Emergency contact in the event that I am not contactable is:

name: *relationship to child*

address:

telephone:

mobile:

I wish to register my child/children for the **Out of School Care** at:

Name: date of birth: school: class:

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Arrangements for the collection of my child/children are:

I will collect at pm

/my relative/friend (*adult name*)

will collect at pm

(Any changes to this arrangement must be notified to the Out of School Care staff)

My child's/children's doctor is: *(name)*

address:

T:

My child: *(name)*

suffers from:

medication:

time:

My child: *(name)*

is allergic to:

my child should not be given the following food:

I will notify immediately any changes in my circumstances.

My permission is given for my child/children to attend activities outside Out of School Care premises as part of the programme.

Charges for the Service will be billed every 4 weeks and I understand that failure to pay these timeously will result in the service being withdrawn. Places booked but unused will be charged at the full amount unless cancelled with 48 hours notice.

Privacy Statement: North Ayrshire Council complies with the Data Protection Act 1998. Any information given on this form will be used by the Children's Outreach Services for the purpose of keeping you informed of any changes or opportunities which may affect you and if necessary shared with the Scottish Executive or Scottish Commission for the Regulation of Care.

I consent / do not consent for my child(ren) to be videoed or photographed participating in the OSC Activities and understand that these photos may be used by NAC in future publicity or for use by local press.

I consent / do not consent to any emergency medical/dental treatment being carried out as necessary.

I consent / do not consent to Out of School Care Staff providing sun screen to my child(ren) and assisting with application if necessary.

I have completed the information as accurately as I am able and understand the conditions detailed above and agree to abide by these.

Signed:

name:

date:

Please return form to:

Children's Outreach Services

11 McGillivray Avenue

Saltcoats KA21 6BN

T: 01294 465591

F: 01294 466841

Email: lhamilton@north-ayrshire.gov.uk