

T.A.S.C.
SESSION 2018- 2019

T.A.S.C. After School Care is committed to supporting children and ensuring their wellbeing at all times. The following information is required to ensure that we meet the individual needs of the children within our care. **Although the information will be reviewed on a 6-monthly basis, if any details change between reviews, please let us know immediately.**

IMPORTANT NOTE: The information requested is required through legislation and regulation and we thank you for your understanding. Please be assured that this information is stored in a locked filing system and will be treated confidentially.

CHILD'S INFORMATION

DATE STARTED:

Child's full name			
Date of birth			
Nationality		Ethnicity	
Religion		First language	
Any additional languages			
Please state any religious/cultural requirements			
Please state any dietary requirements			
Is your child allergic to any of the following? (Please tick any/all which apply)			
Celery <input type="checkbox"/>	Cereals containing gluten <input type="checkbox"/>	Crustaceans <input type="checkbox"/>	Eggs <input type="checkbox"/>
Fish <input type="checkbox"/>	Lupin <input type="checkbox"/>	Milk <input type="checkbox"/>	Molluscs <input type="checkbox"/>
Mustard <input type="checkbox"/>	Nuts <input type="checkbox"/>	Peanuts <input type="checkbox"/>	Sesame seeds <input type="checkbox"/>
Soya <input type="checkbox"/>	Sulphur dioxide (sometimes known as sulphites) <input type="checkbox"/>	NONE <input type="checkbox"/>	
Does your child have any other allergies?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have a recognised disability?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state what this is.			

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Does your child have any medical conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state what this is/these are.	
Doctors information Doctors Name: Doctors Telephone Number: Doctors Address:	
Signature:	Date:

SCHOOL INFORMATION

School & contact telephone	
Primary class & teacher's name	
Named Person	

CHILD'S RESIDENCE

Child's main residence address	
Any additional residence address	

MAIN CONTACT- PARENT/CARER

Parent/carer name	
Parent/carer relationship to child	
Mobile telephone number	
Home telephone number	
Work place and telephone number	
Email	
Do you have any disability /communication requirements we should be aware of?	

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Parent/carer name	
Parent/carer relationship to child	
Mobile telephone number	
Home telephone number	
Work place and telephone number	
Email	
Do you have any disability /communication requirements we should be aware of?	

ADDITIONAL EMERGENCY CONTACT

Name	
Relationship to child	
Telephone number	

Acknowledgement of Policies and Procedures

By signing this registration form I have access to and I am aware of the policies and procedures in operation within T.A.S.C. including The Child Protection and Fee Policy.

COLLECTION INFORMATION

Please state the name and relationship of any individuals additional, to the main and secondary contact persons, who may collect your child.

Name		Relationship to child	
Name		Relationship to child	
Is there anyone who is not allowed to collect or have contact with your child?			
Name		Relationship to child	
Name		Relationship to child	

Main carer's signature		Date	
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6 MONTHLY INFORMATION REVIEW

I confirm that I have reviewed all the information in this registration form and that it is all currently correct. <input type="checkbox"/>
I confirm that I have reviewed all the information in this registration form and that it is not currently correct, and I have completed an updated form. <input type="checkbox"/>

Main carer's signature		Date	
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T.A.S.C.
CHILDREN'S CARE PLAN
(To be completed by parent/carer)

Child's name:..... DOB:..... Start date:.....

School:..... Class:..... Teacher:.....

GP Name:..... Address:..... Tel No:.....

Allergies:.....

Special dietary requirements

Medical conditions:.....

Medication:.....

Is this medication long term: Yes/No

When did your child start using this medication:.....

Additional support needs (if applicable):.....

Additional parties with an interest in your child's care and development:.....

.....

.....

Child's likes/dislikes/fears/aspirations:.....

.....

.....

.....

How the staff and management at T.A.S.C. will support your child's individual learning

and development:

T.A.S.C.
CARE PLAN CHILD'S SHEET
(To be completed by your child)

Name

I like:

.....

.....

I dislike:

.....

.....

.....

.....

My special friends are:

.....

.....

.....

If there is anything you would like to add or suggest that we at the after school care could do to make you time here better then please add it here:

.....

.....

.....

.....

Childs' signature: Date:

Staff members signature: Date:

T.A.S.C.

We are seeking consent from both children and parents to give permission for photographs or videos to be displayed on our website, social media site and our wall display. I give permission for the above:

Child's Name.....

Child's Signature.....

Parent's Signature.....

Date.....

Sunscreen Application Consent

We would request that all parents and carers provide their child with their own sunscreen. Prior to attending the service we request that all parents and carers apply sunscreen to their child and that their child carries their own sunscreen with them.

PLEASE SIGN ONE OF THE FOLLOWING STATEMENTS

My child has no known allergies and I give my consent to the service allowing my child to use their cream or any available cream when they do not have their own. I am aware that the staff will supervise children putting their cream on and will ask them to team up with a friend to help them apply it.

Child's name _____

Parent's Signature _____ Date: _____

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INTERNET AND ELECTRONIC DEVICES POLICY CONSENT FORM

I consent to my child using the computers and Internet access provided by the service.

I accept that the club is making all reasonable efforts to make sure that the Internet is being used safely and responsibly, and that games played on the computer are appropriate for my child.

My child and I accept the undernoted Code of Conduct. This conduct states that my child:

- Will always ask before I use the Internet.
- Will not give my, or anyone else's, name, address or telephone number to anyone on the Internet.
- Will not post pictures or video of myself, or anyone else, on the internet.
- Will never agree to meet someone that I have spoken to on the Internet.
- Will not attempt to access inappropriate websites or content.
- Will not download programs or bring programs on disk, memory stick or CD Rom from home into the club.
- Will not use my phone/iPod/device in a way which disturbs others.
- Will not use my mobile phone to take photos in the club.
- Will not photograph or record any child in the service
- Will not photograph or record any staff member or visitor to the service

Child's Name _____

Name of Parent/Carer: _____

Parent's Signature: _____

Date: _____

Child's Signature: _____

Date: _____