



Education & Children's Services

Wraparound Care 2018/2019 Registration Form

Form Received:

Reg. Fee: Date Fee Paid:

Family ID.....

Date Child Started:

Entered on system..... Reg ID

Details updated
from 6 month review:

Date Child Left Service:

HOW WE USE YOUR PERSONAL INFORMATION

The information provided by you will be used by Perth & Kinross Council to care for your children and to communicate with you while attending Wraparound Care Services.

If you have told us that another organisation is paying for childcare, we may need to share your information with them in order to ensure that payment is received. If it's necessary for us to do this we will ask for your agreement.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

For further information, please look at our website www.pkc.gov.uk/dataprotection;
Email dataprotection@pkc.gov.uk or phone 01738 477933

Any changes of circumstances, in particular to address or contact names and telephone numbers, should be reported to the Service.

Name of Wraparound Care Service	Term-time		School Attended	
	Holidays			
Forenames of Child <small>(as stated on birth certificate – also enter any other names which the child may be known by and underline these.)</small>			Surname	
Date of Birth <small>(please give figures, e.g. 14 06 2011)</small>			Sex (M/F)	
Child's Home Address <small>(including Postcode)</small>			<i>Letters will be addressed to the parents/guardians named overleaf using the child's home address. If this is not appropriate please give an alternative contact name and address.</i>	
Home Tel No <small>(including STD code)</small>			Mobile No	
Email Address <small>(Block capitals please)</small>				

I have/will inform the people named as contacts on this form that I am providing their personal details to Perth & Kinross Council in relation to my Child's Kids Club/Wraparound Care Service Registration.

Parents/Guardian Living at Childs Home Address

Relationship to Child	e.g. Mother, Step-mother, Guardian	e.g. Father, Step-Father, Guardian
Title	e.g. Mrs/Miss/Ms/Other	e.g. Mr/Other
First name		
Surname		
Are you contactable in an emergency during the day? If Yes, give whereabouts (eg at home or name of workplace)	<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)
Daytime / Work tel. (include STD code)		
Mobile No		

Additional Parental Contacts

For the purposes of Club records, a child's parent is defined as his/her natural parent and any other person who is his/her guardian, who has custody of, or who is likely to maintain him/her.
Please add any person who comes into this category but is not listed as living at the child's home address.

Relationship to child	e.g. Mother, Step-Mother, Guardian	e.g. Father, Step-Father, Guardian
Title	e.g. Mrs/Miss/Ms/Other	e.g. Mr/Other
First name		
Surname		
Address (including postcode)		
Home tel. no (include STD code)		
Are they contactable in an emergency during the day? If Yes, give whereabouts (e.g. at home or name of workplace)	<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)
Daytime / Work tel.		
Mobile No		
Are they authorised to collect your child from the service	<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)

Other emergency contacts**Other emergency contacts**

(excluding parents/guardians)

Give names, addresses, daytime telephone numbers and relationship to child (e.g. neighbour, aunt, grandparent or friend)

1.	Title	First name	Surname	
	Address (with postcode)			
	Tel (with STD code) and Mobile		Relationship	
	2.	Title	First name	Surname
		Address (with postcode)		
		Tel (with STD code) and Mobile		Relationship

Please give details of any individuals other than those already listed who are authorised to collect your child from the service.
(Please note they must be over 16 years old)

Name	Contact Telephone Numbers

Is your child 'Looked After' as determined by the Children (Scotland) Act 1995?
If Yes, describe legal status e.g. are they on a supervision requirement, foster care, etc

Yes No

Named Contact Person within school
This will probably be the Head Teacher or Deputy Head Teacher
Tel. No. (including STD code)

Medical Contact

Doctor's name

Tel. No. (including STD code)

Full postal address of GP surgery

Medication

Does your child require medication to be administered on a regular basis? Yes No

If YES, please contact staff at the service to discuss requirements as Wraparound Care service staff cannot dispense any medication without prior written approval from the child's parent/guardian.

Additional Support

In order to plan and provide appropriate care for each individual child it is important that staff have details of any additional support requirements. Please complete the following as fully as possible.

Does your child have -	Yes	Does your child have -	Yes
Asthma		Hearing Impairment	
Autistic Spectrum Disorder		Incontinence	
Downs Syndrome		Motor Difficulty	
Epilepsy		Visual Impairment	
Anaphylaxis		Attention Deficit Disorder	
Behaviour Difficulty		Cerebral Palsy	
Diabetes		Dyspraxia	
Emotional Difficulty		Physical Impairment	

Any other additional support required

Special Dietary Requirements

Nut Allergy
 Milk Intolerance
 Gluten Free Diet
 Other Allergies

Please give further details and contact staff at the service to discuss requirements.

Please give details of any other information about your child or family circumstances which you think it would be useful for Wraparound Care service staff to have.

IMPORTANT - Please inform the Wraparound Care service as soon as possible if your child develops a contagious or infectious disease.

WRAPAROUND CARE SERVICE CHARGES

Annual Registration Fee

All children attending a Kids Club or Wraparound Care service are required to re-register with the service by the end of June each year. New Users may register at any point in the year with a registration fee and one week's fees in advance.

The charges for registration for the year are:

One Child - £13.00 Families - £20.00

This fee is an annual payment and must be made on Registration. Payment of a Registration Fee enables you to make bookings in other Kids Club or Wraparound Care services with no additional Registration Fee required.

There will be no reduction in the fee for part-year registration and no re-imburement of fees upon cancellation of Registration.

Term Time Wraparound Care Rates

Session One	£9.75
Session Two	£9.25

School Holiday Rates

Full Day attendance (over 7 hours)	£23.20
Up to 7 Hours	£21.00
Up to 5 hours	£18.80

Please note we require a minimum of 10 children to be booked in per day, during holiday periods, to make it viable. In the event whereby numbers are less than 10 we may have to close the service on that day.

Should this happen, we will issue Parent/Carers with 2 weeks' notice. We will also offer alternative places in Perth City to those affected.

Payment Methods

- Payment by debit / credit card can be made by phoning the Childcare Strategy Admin Team on 01738 472350.
- Payment can be made by cash or cheque at the Service
- Childcare vouchers are also accepted as payment by all WAC services. If vouchers are your method of payment please give us the name of the voucher company.
- We accept payments through Tax Free Childcare Accounts. If you will be making payments in this way, please give your Child's Reference number (this will end with "TFC"), to ensure payments are correctly allocated.
- Funding from third parties is accepted, with proof of amount and dates and payment in advance.

More information regarding payment methods is available in the service.

Fees should be paid weekly or monthly in advance. Where payments are in arrears and total more than £100, an invoice will be raised. Invoices are generated by the Central Finance Team who will email you the details of the outstanding amount and how this can be paid, as per instruction on the letter. This invoice cannot then be paid at the Service and must be paid as instructed.

Failure to pay fees will result in the suspension or cancellation of registration.

Help with Costs

Help with Childcare Fees may be available through the Childcare Element of Working Tax Credits or Universal Credit. For further information see <https://www.gov.uk/help-with-childcare-costs>

I have read and understand the information on using the Service. I understand that there is a fee for this service which I must pay weekly unless by prior arrangement with the Person-in-Charge at the Service. Failure to pay fees will result in the cancellation of my registration.

I acknowledge that failure to provide the Service with five (or ten at Inchview) working days' notice of a cancellation will incur the full fees being charged to me, this includes sickness absence.

I will inform the Service of any changes to the information detailed in this form (you will be asked to review this form on a 6 monthly basis).

I declare the information on this form to be correct to the best of my knowledge

Signed: _____ Date: _____

Print Name: _____

Annual Parental Approval/Consent

Outings

Throughout the year children may be involved in activities which take them out of the Service, local parks, shops, sport fixtures, etc. To allow your child to participate you are asked to give your consent by signing below.

Do you give permission for your child to take part in activities as above? Yes No

Signed: _____ **Date:** _____

Print Name: _____

Sunscreen Permission

Your permission is required so that we can assist and / or apply sun cream to your child. The sun cream we shall be using at the service is Factor 30/50. Alternatively you can provide your own sun cream which would need to be named and dated.

Do you give permission for staff to assist your child with sun cream? Yes No

Signed: _____ **Date:** _____

Print Name: _____

Emergency Medical Treatment

In the event of an accident while on an excursion or at the service your son/daughter may require emergency treatment as considered necessary by the medical authorities present. Parents/guardians will be informed as quickly as possible.

Please detail below any medical conditions which may be triggered or affected by emergency treatment (e.g. penicillin/latex allergy)

I give permission for my child to receive any emergency treatment as required. Yes No

Signed: _____ **(Parent/Guardian)** **Date:** _____

Print Name: _____

PHOTOGRAPHY/VIDEO/COPYRIGHT APPROVAL FOR SERVICE PUPILS

The General Data Protection Regulations has implications for services as well as other areas of society. In addition there are Child Protection guidelines, which affect service practice. Some services capture images using a camera, either still or video, within the service, on educational outings or at service events. Group and individual photos give a flavour of service life and enhance the publications concerned. Children are also pleased to see their pictures used in this way.

Photographs and videos of pupils may be used in a number of ways.

I give permission for photographs and videos of me/my child taken at this service to be used as stated below. <i>Please tick (✓) the appropriate box for each category</i>	Yes	No
Service handbooks, Service/Council newsletters, Council publications, Council exhibitions, Service/Council websites*, Service/Council social media sites* (e.g. Facebook, Twitter, etc), plasma screens* and Council exhibition material	<input type="checkbox"/>	<input type="checkbox"/>
Keep indefinitely for use by the Council's Museum, Library or Archives as part of their collections	<input type="checkbox"/>	<input type="checkbox"/>
Press coverage of events linked to the service or to the Council	<input type="checkbox"/>	<input type="checkbox"/>

**Children are never fully identified on websites, social media or on plasma screen displays. You should be aware that websites and social media are viewed by a world-wide audience and the Council cannot prevent pictures being copied and used by others.*

If you are unhappy about your child's image being captured for the purposes outlined above, there will be times when he/she is asked to come out of a group picture, in order that the image can be taken.

COPYRIGHT APPROVAL

Children's work is often displayed in the service and service corridors in order to promote their individual and collective work. In addition, this type of material is often displayed in other Council buildings as part of exhibitions

AUTHORISATION

I give permission for any of my/child's creative work to be exhibited by the Service or Local Authority as stated above. <i>Please tick the appropriate box</i>	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____

Print Name: _____

Withdrawing permission

Please note that your photography/video/copyright approval can be withdrawn by contacting the service in writing. We will also contact you on a regular basis to remind you of your right to do this.

To ensure your child has the best possible care and experience we may exchange information with the School your child attends.

PROFORMA FOR SCHOOLS TO COMPLETE

Childs Name.....

Kids Club.....

Childs Date of Birth.....

School Attended.....

It would be helpful if you could let us know of anything that would help promote this child's development.

Head Teachers Signature.....