



Caretakers House, Ashton Gate Road, Ashton Gate, Bristol BS3 1SZ
0117 983 3426 admin@agosc.com

2010-11 OCCASIONAL USER REGISTRATION FORM

Please complete a **separate** registration form for **each** child you wish to register.

Child Information

Child's Forename:

Child's Surname:

Child's Preferred Name/Known As:

Date of Birth: Child's Class (2010-2011):

Child and Carer Addresses

Please record the name of every parent and carer of your child. This must include anyone who has legal contact with and/or parental responsibility for the child. Please use additional sheets as necessary. Please note that the first address will be used as the invoice address.

Name of Main Parent/Carer:

Relationship to Child:

Address:

..... Postcode:

Email:

Would you like to receive invoices via email? Yes/No

Name of Parent/Carer:

Relationship to Child:

Address:

..... Postcode:

Holiday Playscheme

Before each school holiday you will be sent a booking form for the forthcoming Holiday Playscheme. This form will include details on any planned trips during the Playscheme.

I hereby give my consent for my child to attend any trips between 23 July 2010 and 22 July 2011 that are organised on days they are booked into Holiday Playscheme.

Signed: Date:
Parent/Carer

Playscheme Fees

These fees are per child per day — we are *not* able to offer half-day sessions:

£19.50 finishing at 4 pm

£21.50 finishing at 6 pm

£23.50 Trip and some Workshop days; finishing time will be announced in advance

These fees include an occasional user fee of £2.50 per child per day. If the sum of your occasional user fees equals the registration fee for Holiday Playscheme (£30 per year or pro-rated as appropriate), then you will be formally registered for the Holiday Playscheme and no longer subject to the occasional user fee.

We accept Accor, BAND, Bristol City Council, C.I.S., Care-4, Computershare, Fair Care, Kiddivouchers, Kids Unlimited, Sodexo, and South Gloucestershire Council vouchers/payments. If you wish to use a voucher or payment scheme that is not listed here, please contact us. We also accept direct electronic transfers; please contact us for details.

Permissions

Please delete and sign as necessary:

I do / do not give permission for my child to receive emergency treatment when necessary by a trained Paediatric First Aider.

.....

I do / do not give permission for my child, if necessary, to be taken to the Accident & Emergency Department in an ambulance. (In this instance, a member of Ashton Gate Out of School Care staff would always accompany your child).

.....

I do / do not give permission for hypoallergenic plasters to be applied to my child.

.....

I do / do not give permission for antiseptic wipes to be used on my child.

.....

I do / do not give permission for sunscreen to be applied to my child.

.....

I do / do not give permission for photographs of my child to be taken during organised activities at the schemes.

.....

Collecting Your Child

Ashton Gate Out of School Care will only release your child into the care of a named person who is over 16 years old. If you wish someone other than those named below to collect your child please notify us *in writing* prior to collection time. This is for your child's safety.

No.	Please list below the persons who will be collecting your child and their relationship to your child (parent, grandparent, family friend etc.)
1.	
2.	
3.	
4.	
5.	

Please state if there is anyone specific your child should *never* be released to because of a court order:

.....

Your Child's Doctor

Doctor's Name:..... Surgery:.....

Address:

Telephone No:.....

Your Child's Health

Does your child suffer from (please delete as necessary):

Asthma:	Yes/No	Epilepsy:	Yes/No
Convulsions:	Yes/No	Diabetes:	Yes/No
Eczema:	Yes/No	Heart Condition:	Yes/No

Allergies (e.g. bee stings, face-paints):

Date of most recent Tetanus injection:

Does your child have any other health problems we should be aware of?

.....

Additional Needs

Does your child have any additional needs?

.....

Does your child have any special dietary requirements?

.....

Is English your child's first language? (If not, please list the language below) Yes/No

.....

Is there any other information you feel we should know about?

.....

Please feel free to come and discuss any issues concerning your child's additional needs with the Playcentre Manager.

Emergency Contact Information

In the event of an emergency, who would you like us to contact? Please list at least three people, including yourself, along with contact telephone number(s) *in the order* in which you would prefer us to call.

	<i>Name</i>	<i>Relationship to Child</i>	<i>Telephone Number</i>	<i>Type of Number (H, W, M)</i>
1.				
2.				
3.				
4.				
5.				
6.				

Terms and Conditions

- All booked places must be paid for weekly *in advance*. Cheques should be made payable to Ashton Gate Out of School Care. A fee will be charged for repeated late payment of fees. Full details can be found in our Payment Policy. If you have any problems with payments please contact the Administrator as soon as possible.
- Ashton Gate Out of School Care will not take bookings for forthcoming schemes if there is an outstanding bill for childcare. Consistent late payment may result in the loss of your child's place.
- If your child will not be attending the scheme on their booked day, please ensure you inform the Playcentre Manager *before* the start of the session.
- Ashton Gate Out of School Care is *unable to offer refunds for cancelled days* — this includes all absences, holidays and sickness.
- Permanent cancellation of booked places are subject to a three-week notice period.
- Ashton Gate Out of School Care discourages children from bringing their own toys into the club and cannot accept any responsibility for items that are lost or damaged.
- You must collect your child/ren by the closing time of the session — failure to do so will result in an additional fee equal to the cost of employing two Playworkers for the minimum of an additional hour.
- Parents/Carers must come into the building to sign their child/ren out on collection.

I am aware of the Policies and Procedures of Ashton Gate Out of School Care and I will ensure that I and my child/ren adhere to them.

I agree to the terms and conditions and understand the rules of the scheme.

Signed:..... Date:
Parent/Guardian

Please return your completed form and cheque to the Caretaker's House or to Ashton Gate Primary School office clearly marked:
'ASHTON GATE OUT OF SCHOOL CARE: 2010-11 REGISTRATION'