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**How to fill out this Registration Pack**

Please ensure all information is correct especially contact information. If we cannot contact, you this could lead to loss of spaces. Please ensure every section is filled out. This allows us to provide the best possible care for all our service users. Any incomplete packs will be returned and will have to be submitted again.

Fair Allocation Policy. Please note that any cancellation of space, notified to the club manager after the 24th of June 2025 will be billed in full for the first month of the 2025-2026 year. Your application is subject to your acceptance of this condition.

If you wish to cancel the spaces you use throughout the academic year please note we have 4 week notice period for which you will be charged.

The “All about me” page. This allows us to provide the highest quality childcare provision for your child/ren. Please fill this out with your child/ren in as much detail as possible. These will be reviewed with your child termly by their key person in the setting.

Please return this pack to [florastevensonasc1@gmail.com](mailto:florastevensonasc1@gmail.com)



2025-26 Registration

Please complete all sections and return this form to[**florastevensonasc1@gmail.com**](mailto:florastevensonasc1@gmail.com)

|  |  |  |  |
| --- | --- | --- | --- |
| **Child Name:** |  | **Primary & Class (eg. P2A)** |  |
| **Known As:** |  |
| **Child Date of Birth:** |  |

**Current Days / Sessions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SESSION | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| FULL SESSION |  |  |  |  |  |
| SHORT SESSION P1 & P2 ONLY |  |  |  |  |  |
| BREAKFAST SESSION |  |  |  |  |  |

**Days / Sessions Required/ Please ensure all sessions required have been ticked.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SESSION | MONDAY | TUESDAY | | WEDNESDAY | THURSDAY | FRIDAY |
| FULL SESSION (2.45pm-6pm) |  | |  |  |  |  |
| SHORT SESSION P1 & P2 ONLY(2.45pm-3.20pm) |  | |  |  |  |  |

*\*\* PLEASE NOTE THAT THE SHORT SESSION IS ONLY AVAILABLE TO P1 AND P2 CHILDREN*

**Days / Sessions Required**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SESSION | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| BREAKFAST SESSION (7:45am-8:50am) |  |  |  |  |  |

I wish to request the spaces as per above for the academic year 2025-2026 and allow FSASC to store and use my information when necessary.

|  |  |
| --- | --- |
| Name |  |
| Signature |  |

Fair Allocation Policy. *Please note that any cancellation of space, notified to the club manager after the 24th of June 2025* *will be billed in full for the first month of the 2025-2026 year. Your application is subject to your acceptance of this condition.*

**Emergency Contacts/Authorised Pick Ups**

|  |  |
| --- | --- |
| **Parent Contact 1**: |  |
| Relationship to Child: |  |
| Address: |  |
| Telephone Number/s: |  |
| E-mail: |  |
| Authorised to collect: |  |
| Occupation: |  |
| **Parent Contact 2**: |  |
| Relationship to Child: |  |
| Address: |  |
| Telephone Number/s: |  |
| E-mail: |  |
| Authorised to collect: |  |
| Occupation: |  |
| **Emergency Contact 1**: |  |
| Relationship to Child: |  |
| Address: |  |
| Telephone Number/s: |  |
| Authorised to collect: |  |

**Other Authorised Pick Ups:**

|  |  |  |
| --- | --- | --- |
| NAME | RELATIONSHIP TO CHILD | CONTACT NUMBERS |
|  |  |  |
|  |  |  |
|  |  |  |

**Billing Contact**

Please complete **all** the following information for our billing system:

|  |  |
| --- | --- |
| Name \* |  |
| Address\* |  |
| Postcode\* |  |
| Telephone\* |  |
| Mobile\* |  |
| Email\* |  |

***Please note*** *that your space will be confirmed subject to your current fees account (IF YOU HAVE ONE) being in good order.*

**Medical Information**

|  |  |
| --- | --- |
| Doctor Name\* |  |
| Practice Address\* |  |
| Postcode\* |  |
| Telephone\* |  |

*Please let us know if your child has a medical condition or allergy even if there are no changes from the previous academic year. Our senior staff team will contact you directly to discuss any action needed and complete a medical plan for your child.* ***Any medication must be given to club before your child’s first session.***

***(Please note this will not affect your eligibility for spaces)***

|  |  |  |
| --- | --- | --- |
| Does your child have a medical condition and/or receive medication? | Yes/No | Please detail: |
|  |
| Does your child have any allergies? | Yes/No | Please detail: |
|  |
| Does your child have any dietary requirements? | Yes/No | Please detail: |
|  |
| Does your child have any additional support needs? | Yes/No | Please detail: |
|  |

**Siblings currently attending FSASC**

Please provide the names of any siblings who currently attend Flora Stevenson After School Club

|  |  |
| --- | --- |
| **Sibling 1:** |  |
| **Sibling 2:** |  |

**Permissions**

|  |  |
| --- | --- |
| Child Name: |  |
| Date of Birth: |  |

I do/not give permission for a trained staff member to perform first aid on my child when necessary.

I do/not give permission for the child named above to have their photo taken whilst at FSASC for observation/display/media purposes. I also agree to their photo being displayed inside the setting.

I do/not give permission for the child named above to take part in face painting, hand painting or nail painting activities (delete as appropriate if only one is allowed).

I do/not give permission for the child named above to take part in risk assessed trips that are planned by FSASC. This includes trips during the holiday clubs. I agree for my child to use public transport and private coach hire during these outings as well as walking to/from venue/s.

I do/not give permission for the child named above to receive emergency lifesaving treatment if required, including blood transfusions. FSASC will contact the family in these circumstances.

I do/not give permission for FSASC to apply sun cream to the child named above when required and for staff to assist in putting lotion on my child if required.

I do/not authorise FSASC to administer medication that has been prescribed by a doctor to the child named above if required.

|  |  |
| --- | --- |
| Parent’s Name: |  |
| Parent’s Signature: |  |
| Date: |  |

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***ALL ABOUT ME***

|  |  |
| --- | --- |
| Name: |  |

|  |  |  |
| --- | --- | --- |
| Me |  | I like… |
| Languages I can speak: | Inside I like to: |
|  |  |
| My favourite thing about my culture is: | Outside I like to: |
|  |  |
| My favourite thing about me is: | I want to try: |
|  |  |

|  |  |  |
| --- | --- | --- |
| Support |  | FSASC |
| I need help with: | My friends at club are: |
|  |  |
| I like to help others by: | I am looking forward to: |
|  |  |
| I want to improve: | I am worried about: |
|  |  |
| The staff can support me by: |
|  |

**Data Policy**

If you would like to be considered for any sessions at Flora Stevenson After School Club. You must consent to us holding your information. Please read the following statement and sign below to give consent.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent’s Name: |  | Signature & Date**:** |  |

**Parent conduct agreement**

I have read and accept the terms of the parent code of conduct (which can be found on our website)

|  |  |  |  |
| --- | --- | --- | --- |
| Parent’s Name: |  | Signature & Date**:** |  |

**How you can access the information we hold on you?**

You have the right to access the personal information we hold on you. If you wish to receive a copy you may request this from a member of the senior team. We must confirm your identity before we can release any personal information.

If the personal information is inaccurate or incomplete, you can ask us to correct it. You can also ask for information to be deleted or removed if there is no compelling reason for Flora Stevenson After School Club to continue to hold it.

**Why we ask for your information**

This information allows us to better understand who your child is and whether we can accommodate their needs. Having this information allows us to communicate to you throughout their time with the club.

**What do we do with your information?**

We use it communicate with you regarding your child. We use it to ensure your child has enjoyable and safe time within the setting and cater for any medical or dietary requirements.

**How long do we hold your information?**

Should you be placed on a waiting list we will retain your information until the end of the academic year you applied. You will be sent a pack for the following year. If you wish to remain on the waiting list you must return it. If you do not return it we will destroy any information held for you.

If you take a space with us your records will be kept for the duration of your child’s time with the club. Information may be held longer if their outstanding fee’s to be settled.

**Data Protection Complaints**

If you are not satisfied with the way that we have handled any of your requests or questions relating to our use of your personal data then you can contact [florastevensonasc1@gmail.com](mailto:florastevensonasc1@gmail.com) or call 0131 332 8045.

The Information Commissioner’s Office is the statutory body responsible for overseeing data protection legislation and law in the United Kingdom.

**Registration Fee**

In order to register with FSASC we require you to pay an annual family registration fee. Please note the payment covers all siblings within the same household. For example, if you have 3 children you only make one payment. The payment **MUST** be paid in a separate transaction from your regular fee’s.

The registration fee is £25 per family. When making the payment please use your child/ family name and reg fee as the reference on the bank transfer. If you don’t do this you payment may not be allocated to your account, leading losing sessions.

All payments must be paid at the time of registration and paid via bank transfer. Details for the bank transfer can be found within your registration pack.

**Bank details**

|  |  |
| --- | --- |
| Name on account | Flora Stevenson After School Club |
| Account number | 00171702 |
| Sort Code | 80-11-05 |

**FOR OFFICE USE**

|  |  |
| --- | --- |
| **FORM RECEIVED** | DATE AND INITIAL HERE |
| **£25 REG FEE PAID** | DATE AND INITIAL HERE or indicate sibling |
| **CONNECT UPDATED** | DATE AND INITIAL HERE |
| **ALL PAGES COMPLETED** | DATE AND INITIAL HERE |
| **REGISTRATION CHECKED & FINALISED** | DATE AND INITIAL HERE |
| **REGISTRATION PACK UPDATED (ONCE PER TERM) TERM 1 AUGUST – DECEMBER** | DATE AND INITIAL HERE |
| **REGISTRATION PACK UPDATED (ONCE PER TERM) JANUARY – MARCH** | DATE AND INITIAL HERE |
| **REGISTRATION PACK UPDATED (ONCE PER TERM) APRIL-JUNE** | DATE AND INITIAL HERE |