



# Out of School Club Enrolment Form

*Please fill out this form and return to*

Kidsize Out of School Club  
Kingswells Community Centre  
AB15 8TG

Or email to [kidsizeoosc@hotmail.com](mailto:kidsizeoosc@hotmail.com)

**CHILD NAME:** \_\_\_\_\_

**PHOTOGRAPH OF CHILD:** (Please provide us with a photograph of your child so that our staff can easily identify them at school pick up and for your child's personal record. All data is used only by our Kidsize Ltd staff members and is stored securely at all times).

I confirm that the information recorded in this enrolment form is correct and up to date:

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## 6 Month Review:

Parent/Carer read and sign to show the form has been reviewed and that no changes are required. If changes are required then a new form to be completed.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Child's Forename \_\_\_\_\_ Child's Surname \_\_\_\_\_

Known as (if applicable) \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Siblings & Ages \_\_\_\_\_

Home Address (incl. postcode):

\_\_\_\_\_  
 \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

**Sessions Requested:**

*Please tick required sessions (Leave blank for ad hoc)*

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast Club</b>					
<b>After School Club</b>					

Start Date Requested: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

**Contact Details**

*Please fill out this box with parents/carer's details*

Relationship to child:	Forename:	Surname:	Mobile No.	Work Tel. No.	Allowed to Pick up:
					Yes / No
					Yes / No
					Yes / No

Other Emergency Contacts:

*Please fill out this box with details of other relevant contacts (please put a minimum of 2 contacts). Parent's will always be contacted first before these contacts.*

Relationship to child:	Forename:	Surname:	Telephone Number	Allowed to Pick up:
				Yes / No
				Yes / No
				Yes / No
				Yes / No

I understand that in the event that my child becomes ill or injured, every effort will be made to reach me or the emergency contacts listed above. I give my consent to act on my behalf to attain emergency care and/or treatment if believed necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address

*Please fill out this box with the email address you wish to use for communication and receiving invoices*

**Medical Information**

Child's Doctor's Name \_\_\_\_\_ Tel No. \_\_\_\_\_

Address of Surgery \_\_\_\_\_

List of all known medical conditions, previous surgeries, previous/current severe injuries:

Please detail any and all over-the-counter and prescription drugs taken regularly:

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<b>Food Allergies:</b>	
<b>Other Allergies:</b>	
<b>Dietary Requirements:</b> (In Case of Dietary requirements - please include whether these are a result of allergy, intolerance, cultural requirements or parent preference)	

***For staff use***

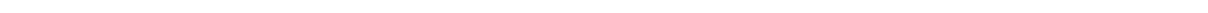
Medication Form Required:        YES / NO

Date form completed: \_\_\_\_\_        Signed: \_\_\_\_\_

Medical Action Plan Required:    YES / NO

If so which plan: \_\_\_\_\_

Date plan created: \_\_\_\_\_        Signed: \_\_\_\_\_



Please tick the box if you consent to the following:

- Kidsize Ltd **has permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.
- I consent to my child being photographed/videoed at Kidsize by members of staff which may be used for internal displays and on the SeeSaw app
- I consent to my child being photographed/videoed at Kidsize by members of staff which may be used for promotional material and on Kidsize social media/website.
- I consent to my child being taken out-with the Kingswells Community Centre to the surrounding areas, within suitable walking distance, under supervision of the Kidsize Ltd staff.
- I confirm that my child is able to go to the toilet by themselves without adult supervision and does not require assistance with toileting.

If assistance is required please specify:

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- I give full permission for the staff at Kidsize to change my child if/when necessary.
- I give full permission for the staff at Kidsize to enter the bathroom whilst my child is inside if required.
- I consent to the use of face paint on my child and confirm that my child has no allergies to face paint products\*.

*\*Kidsize cannot be held liable for any reactions that may occur if you have ticked this box.*

- In accordance with the GDPR 2018, I consent to my information being kept and used by the staff of Kidsize Ltd for the purposes of communication with me in relation to my child at Kidsize. My information will not be passed to any third parties and will be destroyed after the appropriate time period in accordance with Kidsize's Retention Policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**General Information**

*Please use this space to tell us a bit about your child for example their likes, dislikes, interests & home life. We will use this information to help ensure that your child has as positive an experience at club as possible.*

**Things that upset my child**

*How to best comfort my child when they are upset*

*Any other information*

*Please have your child fill out the “Getting to Know Me” form on page 6*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Getting to Know Me

Name \_\_\_\_\_

Primary \_\_\_\_\_

Places I have lived \_\_\_\_\_

My Family \_\_\_\_\_

\_\_\_\_\_

My Friends \_\_\_\_\_

\_\_\_\_\_

I like to eat \_\_\_\_\_

I don't like to eat \_\_\_\_\_

Things I like to do \_\_\_\_\_

Other Activities/Groups I go to \_\_\_\_\_

My favourite thing to do at school is \_\_\_\_\_

I like to learn about \_\_\_\_\_

When I grow up I want to \_\_\_\_\_

I like to learn about \_\_\_\_\_

Favourite sport \_\_\_\_\_ Favourite song \_\_\_\_\_

Other things you should know about me \_\_\_\_\_

\_\_\_\_\_



## Kidsize Club Ltd. Contract with Parents

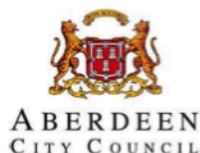
Child's name: \_\_\_\_\_ Parent/carer's name: \_\_\_\_\_

- I consent for my child to attend Kidsize Club Ltd. I understand that the club has policies and procedures (which are available for reference at the club), and that there are expectations and obligations relating both to the club and to myself and my child, and I agree to abide by them.
- I understand that Kidsize Club Ltd is a play setting and activity club, and that whilst my child is there, Kidsize Club Ltd. is legally responsible for him/her.
- My child will be provided with a snack and drink whilst at the club unless otherwise requested.
- Once my child arrives at Kidsize Club Ltd. he/she will be in the care of Kidsize Club Ltd. until collected and signed out by an authorised person **16 Years+**.
- I will notify the club **before** the start of the session if for any reason my child will not be attending on a day that he/she is booked to attend the club. I understand that I will be charged for the booked session.
- I will pay promptly for all booked sessions, in advance, whether my child attends or not (eg due to illness or holidays), unless I have made other arrangements with the manager.
- It is my responsibility to keep the club manager informed of any alterations to the information regarding my child (eg contact details, medical conditions, etc).
- I accept that my child may take part in messy activities while at Kidsize Club Ltd. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.
- If, due to unforeseen circumstances, I am going to be late, I will contact the manager/deputy as soon as possible.
- If I do not collect my child by **6pm** I will pay a charge of **£10** to cover the costs of the staff who are legally required to supervise my child.
- If I do not collect my child by **6.30pm**, and the club has been unable to reach me or any of my emergency contacts, I understand that Kidsize Club Ltd will follow its Enrolment Policy and Procedure and contact the Police and Social Care.
- Whilst Kidsize Club Ltd. tries to ensure the safety and security of items, I understand that it cannot be held responsible for loss or damage to my child's property whilst at the Club.
- I agree to Kidsize Club Ltd's Behaviour Policy (included in the Parent Handbook and available at the club) and its terms and appreciate that in extreme circumstances it may be necessary to exclude my child from the club, and I will pay for any missed sessions unless otherwise agreed with the manager.
- If there are any accidents or incidents at Kidsize Club Ltd. involving my child, I will be informed.
- If my child has an accident at the club, he/she will be treated by a qualified first aider and I will be informed as soon as possible. If my child needs urgent medical treatment and I am unavailable, a member of staff from Kidsize Club Ltd will sign any consent forms necessary for treatment on my behalf, as stated on the club's Enrolment Form.
- Information held by Kidsize Club Ltd. regarding my child will be treated as confidential. However, in certain circumstances, for example if there are child protection concerns, I understand that the club has a legal duty to pass certain information on to other agencies, including Police, Social Care and health care professionals.
- I understand that aggressive and abusive behaviour towards staff will not be tolerated.
- I agree that I will not use a camera, mobile phone or other mobile device on club premises.

I have read and understood the above terms and conditions and I agree to abide by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Multi Agency Consent Form (Children's Services)

The purpose of this consent form is to enable professionals from different services and agencies to share information about the service user below in order for them to properly assess their needs and agree the best way to help.

It is normal practice to seek information and opinions from other professionals/agencies who may be involved in planning and arranging services and to share information with them. All agencies will keep information confidential in accordance with their procedures.

I understand that my information will be shared only with professionals in the agencies involved in my care. This may involve Local Authority services such as Education, Social Work and Housing, Healthcare professionals, voluntary and private agencies and Grampian Police as appropriate. By signing this form, I agree to this information being shared with these agencies.

Name of  
Service User (Print): \_\_\_\_\_

Signature of Service User \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

Name of  
Parent/Legal representative: \_\_\_\_\_

Signature of  
Parent/Legal representative: \_\_\_\_\_

Status: \_\_\_\_\_

Date: \_\_\_\_\_

**Further information can be found in the following leaflets:**

**Information Sharing within Integrated Services for Children and Young People: A Guide for Parents and Carers**

**PRICE LIST**

Breakfast Club £8.00    After School Club £12.25    Breakfast & After School Club £19

Once you have been offered a place, a £75 deposit will be requested to hold your space. This will be taken off your first invoice. You can hold a space for a maximum of 3 months. Spaces will be offered no more than 3 months prior to start date requested.

Kidsize Club Ltd will send out invoices either termly or in 4 week blocks. The date in which this must be paid will be stated on the invoice including details of how to pay. Please do not make any payments until you have received your full invoice for the upcoming block/term.

**I would like to receive my invoices**

*Please tick the option you would prefer*

Termly       4 week blocks

If your child is unable to attend the club for any reason, unfortunately we are unable to offer any refund for this.

**LATE PICK UP FEE:** If your child is collected any later than **6pm** from our After-school Activity Club then a late pick up fee of **£10** will be issued.

We require a 4 week notice in writing for reduced sessions or leaving dates to ensure you receive your payment reduction.

Please see our KIDSIZE HANDBOOK for all other important information for our Out of School Clubs or visit our website <https://www.kidsizeltd.com/activity-clubs>

**CONTACT INFORMATION:**

Whilst your child is in our care at Kidsize Club, if you do require to get in touch with us please find contact information below and the Kingswells Community Centre.

**MANAGER** Jenna Millar: 07446854441

**COMPANY DIRECTOR** Corinne Millar: 07462695505

**KINGSWELLS COMMUNITY CENTRE:** 01224 741806

*Thank you!*

*Kidsize Club Ltd.*