**PAGE 1**

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| **FOR USE BY SASCS OFFICE STAFF ONLY** | **START DATE ASC** | **START DATE BC** | **START DATE HC/SC** |

|  |
| --- |
| **CHILD’S DETAILS:**  |
| FORENAMES |  | DATE OF BIRTH |  |
| SURNAME |  | **CLASS FOR 2022 - 2023** |  |
| HOME ADDRESS |  |
| POSTCODE |  |
| HOME TEL NO. |  |
| **PARENTS/GUARDIANS DETAILS:** |
| RELATIONSHIP TO CHILD | PARENT/GUARDIAN (1) | PARENT/GUARDIAN (2) |
| FORENAMES |  |  |
| SURNAM SURNAME  |   |  |
|  HOME ADDRESS (if different to child’s) |  |  |
| CAN WE CONTACT YOU IN AN EMERGENCY DURING THE DAY? | YES / NO  | YES / NO  |
| NAME OF WORKPLACE |  |  |
| WORK TEL NO. |  |  |
| MOBILE TEL NO. |  |  |
| NAME & PHONE NO. OF AN ADDITIONAL CONTACT IN THE EVENT OF AN EMERGENCY. | PARENT/GUARDIAN (1) | PARENT/GUARDIAN (2) |
|  To (a) reduce the Scheme’s administration time, costs and help to keep fees as low as possible (b) support the Scheme’s environmental policy, we will send all correspondence to you by e-mail. Please ensure that you provide a valid e-mail address below. SASCS Coordinator **MUST** be, notified of ANY changes to e-mail addresses – IN WRITING.  |
| If you are UNABLE to receive correspondence by e-mail, please tick here: PARENT (1) □ PARENT (2) □ |
|  PARENT/GUARDIAN (1) EMAIL ADDRESS |   |
| P PARENT/GUARDIAN (2) EMAIL ADDRESS |  |
| WE WILL ONLY ALLOW PEOPLE NOMINATED ON THIS FORM TO COLLECT YOUR CHILD FROM THE SCHEME.PLEASE GIVE NAMES HERE AND RELATIONSHIP TO CHILD. |
| NAME |  | RELATIONSHIP |  |
| NAME |  | RELATIONSHIP |  |
| NAME |  | RELATIONSHIP |  |
| NAME |  | RELATIONSHIP |  |
| CHILDREN WHO ARE IN P6-P7 CAN SIGN THEMSELVES OUT. PLEASE STATE IF YOU WISH YOUR CHILD TO DO THIS. | YES / NO  | WHAT TIME CAN YOUR CHILD SIGN OUT AND LEAVE SASCS? |  |
|  **NOW COMPLETE PAGE 2** |
| **PAGE 2** |
| **MEDICAL INFORMATION** |
| **DOCTOR’S NAME** |  |
| **ADDRESS** |  |
| **TELEPHONE NO.** |  |
| OTHER MEDICAL INFORMATION It is important you include any information, which may help us when caring for your child. e.g. allergies, dietary requirements, other  |  |
| SASCS uses Boots Soltan Factor 20 and 30 sun lotion Please indicate here whether, or not you wish this to be applied to your child.  | PLEASE TICK YES |  | NO |  |
| Any comments |
| ADDITIONAL INFORMATION |
| AS WELL AS OFFERING A CARING AND WARM ENVIROMENT FOR YOUR CHILD, WE ALSO LIKE TO HELP AND ENCOURAGE THEIR DEVELOPMENT THROUGH OUR WIDE RANGE OF ACTIVITIES AND PLAY. IS THERE ANY **SPECIFIC** ASPECTS OF YOUR CHILD’S DEVELOPMENT YOU WOULD YOU US TO HELP WITH (IF ANY)? |
| E.G. ENCOURAGE PHYSICAL PLAY THROUGH SPORT |
| IS THERE ANY OTHER INFORMATION, WHICH MAY BE RELEVANT TO US? (E.g. FAMILY BACKGROUND, SPECIFIC NEEDS OF THE CHILD, ETC). CONTINUE ON A SEPARATE SHEET IF NECESSARY. |
|  |
| CONSENTS – By ticking the boxes below you give your permission for:(1) photographs to be taken of your child (to display within the scheme only / provide evidence for Care Inspectorate); (2) your child to attend spontaneous outings to local venues e.g. meadows. |
| Photographs |  | Local Outings |  |
| **BEFORE SIGNING THIS FORM PLEASE ENSURE THAT YOU HAVE READ, UNDERSTOOD AND SIGNED SASCS PRIVACY NOTICE WHICH DETAILS HOW THE DATA YOU PROVIDE WILL BE STORED AND USED DURING YOUR CHILD’S ATTENDANCE AT SASCS. FULL DETAILS OF SASCS DATA PROTECTION POLICY IS AVAILABLE ON OUR WEBSITE.**  |
| **I DECLARE THE INFORMATION ON THIS FORM TO BE CORRECT TO THE BEST OF MY KNOWLEDGE. IN SIGNING THIS FORM YOU ALSO GIVE PERMISSION FOR SASCS TO SPEAK TO THE HEAD TEACHER OF SCIENNES PRIMARY SCHOOL AS AND WHEN REQUIRED SHOULD INFORMATION REQUIRE TO BE SHARED TO SUPPORT YOUR CHILD’S ATTENDANCE AT SASCS.** |

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| PARENT / GUARDIANSIGNATURE |  | DATE |  |