

Ralston Out of School Care



Dear Parents/Guardian

Thank you for your interest in Ralston Out of School Care. If you would like more information about the services we offer and the admissions policy please read our parents handbook available from our website or by contacting the service.

If you would like to apply for a place at Ralston Out of School Care for your child please fill in all the forms below, including the booking request form and return the completed application to the service at the address below. When you are allocated a place we will send out a contract and a standing order form, both of which will need to be completed before your child starts.

If you have any questions about the service or the application form, please do not hesitate to contact me at the contact details below.

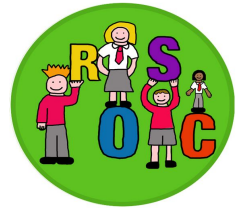
Grace Berry
Service Manager

Tel: 0141 882 5230

Email: graceberry60@hotmail.com
Website: www.ros.org.uk

Ralston Out of School Care
C/o Ralston Primary
School Road,
Paisley PA1 3AT

RULES FOR OUT OF SCHOOL CARE



1. No child is allowed to walk or run around the school building unescorted.
2. No ill/sick children to attend the Service due to risk of infection.
3. No child is allowed to leave the Service alone.
4. Parents must inform staff if a child is not to be picked up from school.
5. If your child attends extra curriculum school activities after school, the parent must complete a form giving permission if the child is to attend Out of School Care.
6. Only soft shoes are to be worn in the Games Hall.
7. Children are not allowed to misuse the building, furniture or equipment.
8. Children are not allowed to bring hot meals and/or drinks into the Service.
9. Children should clear up after themselves, e.g. put away games when finished and pick up rubbish, etc.
10. Children are not allowed to use bad language.
11. Children are not allowed to fight or hit anyone whilst at the Service.
12. If your personal circumstances change in any way, i.e. you change your telephone number or address, or leave your employment, etc. then you must notify the Manager of the Service immediately.
13. Registration Form along with these rules constitute the terms of contract agreement between you and Out of School Care.
14. The Service has no obligation to provide parking and therefore users of the carpark do so at their own risk.

Signature

Print Name

Date

Ralston Out of School Care



Registration Form

Name of Child:

Date of Birth:

Home Address:

..... Post Code:

Home Telephone Number:

Email Address.....Class:

Mothers Name:

Address (If different from above)
.....

Fathers Name:

Address (If different from above)
.....

Emergency Contact Number

Please denote main contact person *

Fathers work number: Mobile Number:

Mothers Work Number: Mobile Number:

Emergency Contact (Other than parents)

Name

Address:

Home Phone Number: Mobile Number

Relationship to child:

Name of Childs G.P.

Address:

Telephone Number:

Ralston Out of School Care



Medical Details

Is your child sensitive to any drug? Yes/No If yes please give details.

.....

Does your child have any allergies? Yes/No If yes please give details.

.....

Does your child routinely take medication? Yes/No If yes please state drug and condition.

.....

Does your child have any medical problems we should know about?

.....

Is there any food or drink that your child is prohibited due to medical or religious conditions?
Yes/No

.....

Is there anything else that you think the OSC should know?

.....

In the event that your child becomes ill whilst in the care of Ralston Primary Out of School Care,
do you give permission for your child to receive emergency medical treatment?

Yes/No

Signed: Date:

Ralston Out of School Care



Administration of Medicines

The administration of prescribed medicines is a matter within the discretion of the head of establishment.

In order to assist the staff involved in the observation of safe practises, I should be grateful for your full co-operation as follows:-

- a) Inform me of any medicine required to be taken by your child during the school day.
- b) Attend a meeting which I shall arrange to discuss the details.
- c) Assist with the administration of the medicine in particular complex cases.
- d) Complete the parental request form, copy attached, and pass to me with the medicine.
- e) Ensure that the medicine container is clearly labelled with:
 - (i) the name of your child
 - (ii) the name of the medicine
 - (iii) the dosage and time
- f) Note that oral information will not be acted upon.
- g) Provide not more than one week's supply of medicine at one time.
- h) If your child suffers from asthma it is essential that you inform me of any restrictions which need to be applied to his/her activities, and the medication which has been prescribed so that this can be used during an attack.
- i) If your child suffers from epileptic attacks it is essential that you inform me of the appropriate emergency treatment which should be given.

Thank you for your assistance with this matter.

Ralston Out of School Care



Administration of Medicines Consent form

IParentrequest that after
school care administer the medication prescribed by our general practitioner as per the
instructions on the container.

Where asthma is concerned please state at which time your child requires the inhaler to be given
.....

Or tick the box if inhaler has only to be given when required

SIGNED.....

DATE.....

Ralston Out of School Care



Trip Consent Form

I do/do not (delete as appropriate) give my permission for my child/ren to go any trips within Renfrewshire. These would include public parks, swimming, skating, bowling, cinema, big adventure, museum, library and any other attractions in Renfrewshire which we feel would be appropriate.

Sign.....

Date.....

Parent/Guardian of.....

Also we intend to organise trips out with Renfrewshire which will require a separate consent form each occasion.

PLEASE RETURN THIS COMPLETED COPY TO THE ROSC MANAGER

Ralston Out of School Care

Booking request form



Name of Parent/ Guardian

Contact Address

Contact Telephone

Mornings **(8am - 9am)**

	Name (insert childs name)	Class	MON	TUES	WED	THURS	FRID
First Child							
Second Child							

Afternoons **(3.15pm - 6.00pm)**

	Name (insert childs name)	Class	MON	TUES	WED	THURS	FRID
First Child							
Second Child							

(please tick each morning and/or afternoon required for each child)

Monthly cost per tariff of charges £

Standing order to be paid on _____ day of each month commencing August 2008
(insert 1st to 10th)

For Official Use Only

Date received

S/O mandate Received on

Contract Received on

Booking confirmed Signature Date
(Manager)
