



Lanarkshire Childcare Services (Scotland) Ltd. (LCS) is committed to supporting children and ensuring their wellbeing at all times. The following information is required to ensure that we meet the individual needs of the children within our care.

**Although the information will be reviewed on a 6-monthly basis, if any details change between reviews, please let us know immediately.**

**IMPORTANT NOTE:** The information requested is required through legislation and regulation – we thank you for your understanding. Please be assured that this information is stored in a locked filing system and will be treated confidentially.

**CHILD'S INFORMATION**

Child's full name			
Date of birth		Age	
Nationality		Ethnicity	
Religion		First Language	
Additional Languages			
Please state any religious/cultural requirements			
Please state any dietary requirements			
School Child Attends			
Is your child allergic to any of the following? (Please tick any/all that apply)			
Face paints <input type="checkbox"/>	Cereal with Gluten <input type="checkbox"/>	Plasters <input type="checkbox"/>	Eggs <input type="checkbox"/>
Fish <input type="checkbox"/>	Strawberries <input type="checkbox"/>	Milk <input type="checkbox"/>	Bee stings <input type="checkbox"/>
Mustard <input type="checkbox"/>	Nuts <input type="checkbox"/>	Peanuts <input type="checkbox"/>	Sesame Seeds <input type="checkbox"/>
Soya <input type="checkbox"/>	Hay <input type="checkbox"/>	No known allergies <input type="checkbox"/>	
Does your child have any other allergies?			
Does your child have a recognised / diagnosed disability?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state what this is.			
Does your child have any medical conditions?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state what this is/these are.			

**SERVICE REQUIREMENTS (PLEASE TICK)**

<i>DAY</i>	<i>BEFORE SCHOOL</i>	<i>AFTER SCHOOL</i>	<i>HOLIDAY / IN-SERVICE DAY</i>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

**CHILD'S RESIDENCE**

Child's main residence address	
Any additional residence address	

**MAIN CONTACT - PARENT/CARER**

Parent/ carer name	
Parent/ carer relationship to child	
Mobile telephone number	
Home telephone number	
Work telephone number	
E-mail address	
Do you have any disability /communication requirements we should be aware of?	
Are you currently or will you be claiming the childcare element of Working Tax Credit?	

**SECONDARY CONTACT – PARENT/CARER**

Parent/ carer name	
Parent/ carer relationship to child	
Mobile telephone number	
Home telephone number	
Work telephone number	
E-mail address	

Any disability /communication requirements we should be aware of?	
---	--

**ADDITIONAL EMERGENCY CONTACT**

Name	
Relationship to child	
Telephone number (s)	

**COLLECTION INFORMATION**

Please state the name and relationship of any individuals **additional**, to the main and secondary contact persons, who may collect your child.

Name		Relationship to child	
Name		Relationship to child	

Is there anyone who is **not** permitted to collect or have contact with your child?

Name		Relationship to child	
Name		Relationship to child	

**CONSENT REQUESTS** (Please tick)

	AGREE	DISAGREE
My child may take part in any outings organised by LCS (transport included)		
My child may be photographed while attending LCS and these will be used for display and marketing purposes		
My child may have access to the Internet while attending LCS		
In the event that my child requires to undergo any emergency medical treatment necessary during the running of the club. I authorise the play staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the professional person to endanger my child's health and safety.		
Should my child need to take medication I will issue a letter of consent on the day to the play staff stating the necessary information i.e. dosage / frequency.		
During the sunny weather I would appreciate it if my child was assisted when applying sunscreen.		

**TERMS AND CONDITIONS** (please confirm by ticking all boxes)

I understand that the information contained within this form will be reviewed every 6 months	
This Membership form forms the basis of your contract with Lanarkshire Childcare Services (Scotland) Ltd.	
I have read and accept all information relating to using the club	
I understand that I have access to Policies during my child's attendance period at LCS	

<b>Main carer's signature</b>		<b>Date</b>	
-------------------------------	--	-------------	--

**LANARKSHIRE CHILDCARE SERVICES (SCOTLAND) LTD. REGISTRATION FORM**

**PERSONAL SUPPORT FORM**

<b>Child's name</b>							
<b>Condition/information:</b>							
<b>Safe</b>	<b>Healthy</b>	<b>Achieving</b>	<b>Nurtured</b>	<b>Active</b>	<b>Respected</b>	<b>Responsible</b>	<b>Included</b>
<b>Support:</b>							
<b>Child's name</b>							
<b>Condition/information:</b>							
<b>Safe</b>	<b>Healthy</b>	<b>Achieving</b>	<b>Nurtured</b>	<b>Active</b>	<b>Respected</b>	<b>Responsible</b>	<b>Included</b>
<b>Support:</b>							
<b>Child's name</b>							
<b>Condition/information:</b>							
<b>Safe</b>	<b>Healthy</b>	<b>Achieving</b>	<b>Nurtured</b>	<b>Active</b>	<b>Respected</b>	<b>Responsible</b>	<b>Included</b>
<b>Support:</b>							
<b>Child's name</b>							
<b>Condition/information:</b>							
<b>Safe</b>	<b>Healthy</b>	<b>Achieving</b>	<b>Nurtured</b>	<b>Active</b>	<b>Respected</b>	<b>Responsible</b>	<b>Included</b>
<b>Support:</b>							

<b>Main carer's signature</b>		<b>Date</b>	
<b>Main carer's signature</b>		<b>Date</b>	