



After School Hours Service

Tel: 22586810
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Indirizz: Foundation for
Educational Services,
P.O. Box 1,
Rabat RBT 1000, Malta

REGISTRATION FORM

CENTRE	<input type="checkbox"/> Victoria	<input type="checkbox"/> Mgarr	<input type="checkbox"/> Rabat	<input type="checkbox"/> Żabbar
(choose one of these)	<input type="checkbox"/> St Paul's Bay	<input type="checkbox"/> Mellieha	<input type="checkbox"/> Mosta	<input type="checkbox"/> Naxxar
	<input type="checkbox"/> B'Kara	<input type="checkbox"/> Sta Venera	<input type="checkbox"/> Fgura	<input type="checkbox"/> M'Scala
	<input type="checkbox"/> Luqa	<input type="checkbox"/> Żebbuġ	<input type="checkbox"/> Siġġiewi	<input type="checkbox"/> Qormi SG
	<input type="checkbox"/> San Ġwann	<input type="checkbox"/> Pembroke	<input type="checkbox"/> Sliema	<input type="checkbox"/> St Julians
	<input type="checkbox"/> Attard	<input type="checkbox"/> Hamrun	<input type="checkbox"/> Żejtun	<input type="checkbox"/> Paola
	<input type="checkbox"/> Żurrieq	<input type="checkbox"/> Birżebbuġa	<input type="checkbox"/> Mqabba	<input type="checkbox"/> Gzira
	<input type="checkbox"/> Valletta	<input type="checkbox"/> Floriana	<input type="checkbox"/> Cospicua	<input type="checkbox"/> Xaghra

The following information is confidential

CHILD 1 INFORMATION

Surname _____ Name _____ I.D. No: _____
Date of birth _____ Age _____ Male Female
School _____
Place of birth _____
Language/s _____
Child lives with Parent/Guardian 1 Parent/Guardian 2 Both
Check all that apply to your child, or check "None" for those that don't apply:
 Allergies Specify: _____ None
 Medical Condition Specify: _____ None
 Disability Specify: _____ None
 Special circumstances Specify: _____ None

Does the child has a statement of support? None

Specify: FT 1-1 SSC Shared

PARENT 1 DETAILS

Surname _____ Name _____ I.D. No: _____
Address _____
Postcode _____
Tel (home) _____ Tel (work) _____
Mobile _____ Email _____
Language/s _____
Place of work: _____ Hours of work: _____

PARENT 2 DETAILS

Surname _____ Name _____ I.D. No: _____
Address _____
Postcode _____
Tel (home) _____ Tel (work) _____
Mobile _____ Email _____
Language/s _____
Place of work: _____ Hours of work: _____

CUSTODY ACCESS

Who has custody access to child/ren?

Names of those who have custody: _____
 Is there a court order in place: Yes No - If YES, please speak to Centre Co-ordinator.

TAX REBATE: Passing my details to the Inland Revenue Department for the purpose of benefitting from any tax concessions offered, should this information be requested. Please fill accordingly.

Yes No If yes, name of parent making the claim: _____

EMERGENCY CONTACT 1 DETAILS

Surname _____	Name _____
Address _____	
Tel (home) _____	Tel (work) _____
Mobile _____	Relationship _____

EMERGENCY CONTACT 2 DETAILS

Surname _____	Name _____
Address _____	
Tel (home) _____	Tel (work) _____
Mobile _____	Relationship _____

DISCLAIMER

I wish to enrol my child/children at Klabb 3-16 After-school hours Care Service on the the days specified above. I understand that Klabb 3-16 staff will take reasonable care of my child/children and I will not hold them responsible for any damage and/or loss of property and/or accident. I realise that I am responsible for informing Klabb 3-16 staff of any medical conditions that may affect my child's participation in the programme.

PARENT/GUARDIAN STATEMENT

The information given in this statement is true and correct.

SPECIAL CIRCUMSTANCES

Parents/guardians are required to inform Klabb 3-16 in writing, prior to a child's acceptance at Klabb 3-16, of any special circumstances which may affect the child's ability to participate fully. The abilities referred to are related with the guidelines of acceptable behaviour, including but not limited to any serious behavioural problems or special circumstances regarding medical, physical or psychological conditions. Upon being informed of such circumstances, the Centre Co-ordinator may require a meeting with the parent(s)/guardian to discuss issues that may develop by these circumstances.

By submitting this application you are giving your permission for the opportune first aid treatment to your child to be administered by qualified staff members. While understanding that you would be contacted by a programme personnel as soon as reasonably possible regarding any emergency involving your child, you are giving your permission for your child to be transported to hospital or any other emergency medical facility in the occurrence of a serious illness or injury, where ambulance or rescue squad members would be authorised to administer all necessary treatments. You are also giving your authorization for warranted health practitioners to examine and provide the necessary emergency medical treatment to your child in your absence.

I understand and acknowledge that: (i) it is the responsibility of the parent(s)/guardian to make full disclosure to Klabb 3-16 of any special circumstances and/or particular needs which may affect the ability of my child/ren to participate in the programme; and (ii) I trust Klabb 3-16 to evaluate and assess whether the request is required and if it should be put in place.

Signature Parent1/Guardian1		Date
I.D number:		
Signature Parent2/Guardian2		Date
I.D number:		

Documents that need to be presented with this form	For Office Use Only
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Copy of ID card of parent / guardian	<input type="checkbox"/>	Registration Date:	_____
Copy of ID Card of person authorised to collect the child/ren from Klabb 3-16 Centre	<input type="checkbox"/>	Payment with Registration	Yes <input type="checkbox"/> Amount: € _____ No <input type="checkbox"/>
Statementing report (where applicable)	<input type="checkbox"/>	Date when the Coordinator met the parent/guardian	_____
Psychological report (where applicable)	<input type="checkbox"/>	Date of Service Commencement	_____
IEP report (where applicable)	<input type="checkbox"/>	Date of Termination of Service and reason	_____
Legal Documents regarding Guardianship and/or Custody (where applicable)	<input type="checkbox"/>		
Original Birth Certificate	<input type="checkbox"/>		
<i>In the case where there are Custody and Care arrangements, the original birth certificate needs to be presented to confirm the submitted details. (The certificate is returned after processing).</i>			
		Coordinator Signature	

Application forms are to be taken to the centre where the service is required and are to be handed in



 I would like to acknowledge receipt of your application for Klabb 3-16 service at _____ Klabb 3-16 Centre in respect of _____ (name of child). Kindly always quote the Registration Number _____ when referring to your application.

Date: _____

 Centre Coordinator

Klabb 3-16 Terms and Conditions:

Registration:

1. A duly filled application shall be handed to the Centre Coordinator within the stipulated closing date. ONE registration form per child should be filled.
2. The Centre Coordinator will accept their registration form and acknowledge receipt of form giving a registration number. During the registration period, applicants may be put on a waiting list if all places have been filled.
3. Children will be admitted according to available places in the appropriate age group on a first come first serve basis. However, this is subject to paragraph no. 4 & 5. The coordinator will inform parents when and if children can be admitted.
4. Priority is given to children whose parents are either both employed or in education. Parents who are employed refers to both parents/guardians who are in employment, or a single mother/father/ guardian who is employed and paying social security contributions.
5. A booking form per child is to be filled in every two weeks. **Pre-payment is to be made on booking, with no refunds being given.**

Late Registration:

1. After the closing date for registrations parents may still apply and will be given a registration number. Children will be placed on a waiting list if all places have been filled.

Booking hours for use of service and payment:

1. A booking form per child is to be filled in every two weeks. **Pre-payment is to be made on booking. No refunds of payments will be affected. A receipt will be issued when payment is affected.**
2. Should any changes need to be made with regard to the bookings, the necessary changes are to be communicated by the parents to the coordinator per by amending the booking form and signing point at least one day before. The day on which the changes in question are to be put into effect. Payment will be carried forward.
3. Parents are to inform the Centre Coordinator about the need for service over and above the booked hours at least one day before. If the Centre Coordinator is not informed about this request, service may not be given. Any extra days will need to be paid for on that same day.

Short Absence:

1. Parents also need to inform the coordinator about a child's non-attendance to the center at least one day prior to the day which the child is not attending. **If no such information reaches the coordinator within the stipulated time, payment for the day will still be debited.**
2. This is not considered applicable in cases of absence due to child's sickness. If the child is sick, even for one day, parents are to present a medical certificate. The certificate must be presented on the first day that the child returns to Klabb 3-16. It is only on presentation of the certificate that payment for the day will be carried forward. If child is sick and the school has asked for a medical certificate, Klabb 3-16 may ask for a photocopy of the same medical certificate.

Long Absence:

1. Children who fail to attend the centre for a period longer than six weeks forfeit their place at Klabb 3-16. In this eventuality, parents would need to re-apply, following which the child is either accepted if there are vacancies according to the age of the child or put on a waiting list.

Processing of data and data protection

1. FES regards each child's privacy as important, and hence, FES will seek to comply with the provisions of the Data Protection Act; Chapter 440 of the Laws of Malta. To this end, FES ensures that:

- a. Personal data is processed fairly and lawfully;
- b. Personal data is processed with good practice;
- c. The collected personal data has been so collected for the specific, explicitly stated and legitimate purposes indicated;
- d. The collected personal data will not be processed for any purpose that is incompatible with that for which the information has been collected;
- e. The collected personal data will not be kept for a period longer than is necessary, having regard to the purposes for which it is processed.

2. By submitting this form, you, as parent/guardian acknowledge that FES will have access to all the provided data and you subsequently consent to such use.

3. You also declare that all the data provided by you as parent/guardian is correct and up- to-date. In the eventuality that it results that the provided data is incorrect and/or not up- to-date, you, as parent/guardian shall be bound to shoulder all responsibility for any ensuing circumstances due to the same incorrectness and/or inaccuracy.

4. FES and agencies/partners collaborating with the FES, may, from time to time, take photos/videos of the children attending Skolasajf to be shared publicly and to promote services. As required by the Data Protection Act, if you would **NOT** like to give permission for your child to appear in photos/videos on presentations, social or other media or promotional material, kindly tick this box.

5. By submitting this application, you are hereby giving consent to the FES to discuss your child needs with the relevant educational stake holders. As required by the Data Protection Act, if you would **NOT** like to give permission to the FES to access and discuss such information kindly, tick this box.

6. In the case of children with a statement of needs, parents are requested to submit a copy of the Stated Report, a copy of the Psychological Report and a copy of the individual Education Programme to The Centre Coordinator. Service cannot be given until such documentation is provided.

7. Parents of children who exhibit continuous extreme challenging behaviour may be contacted and requested to attend to the needs of their child. A meeting will be set together with the parents to find a way forward to help the child. Cooperation from parents is important for the well being of the child.

In case of emergencies:

1. By submitting this application you are giving your permission for the opportune first aid treatment to your child to be administered by qualified personnel. While understanding that you would be contacted by The Centre Coordinator / PER as soon as reasonably possible regarding any emergency involving your child, you are giving your permission for your child to be transported to hospital or any other emergency medical facility in the accordance of a serious illness or injury. In such cases, ambulances or rescue squad members would be authorised to administer all necessary treatments. You are also giving your authorisation for warranted health practitioners to examine and provide the necessary emergency medical treatment to your child in your absence.

Persons authorised to pick up children:

1. Only the persons listed in the registration form as being authorised to pick up the child from Klabb 3-16 will be allowed to do so. Additional persons or changes are to be communicated to the centre coordinator.

Toilet Training:

1. Children need to be fully toilet trained in order to be accepted in the programme. Should it result that children are not fully toilet trained, FES deserves every right to stop the child's attendance and this without any refund being due.

Toilet Accidents:

2. FES recognises that toilet accidents may occur. Consequently, if the need arises parents will be called and they will be required to go to the centre to attend to the needs of their child.

Klabb 3-16 Centres:

3. If any of the above mentioned centres do not reach the required registration quota, FES retains the right not to open them.

I declare, that I/we agree to The Terms and Conditions above and all information given is true and correct. If there are any changes to this information during Klabb 3-16, I/we will bring these changes to FES' attention in writing. FES is only to be considered to have taken cognizance of the same after written confirmation by FES has been communicated. Service may be suspended in not all the necessary documents are submitted to the Centre Coordinator.

Signatures of both Parents/Guardians are obligatory unless proof of sole custody is provided.

Signature of Parent/Guardian 1

Signature of Parent/Guardian 2

I.D no: _____

I.D no: _____

Date

For Office Use Only:

Registration Number:

Stamp

Klabb 3-16 Booking and Payment Form

For the period: _____ 2018/2019

Child: _____

Year/Form: _____

Date of Birth ___/___/___

I.D no: _____

Kindly tick (✓) hours needed:

	Week 1						Week 2				
	M	T	W	Th	F		M	T	W	Th	F
<u>13:30 - 14:00</u>											
<u>14:00 - 14:30</u>											
<u>14:30 - 15:00</u>											
<u>15:00 - 15:30</u>											
<u>15:30 - 16:00</u>											
<u>16:00 - 16:30</u>											
<u>16:30 - 17:00</u>											
<u>17:00 - 17:30</u>											
<u>17:30 - 18:00</u>											

Payment for 2 weeks: _____ hours x €0.80 = _____

Guardian 1 Name: _____

Guardian 2 Name: _____

I.D no: _____

I.D no: _____

Guardian 1 Signature: _____

Guardian 2 Signature: _____

FOR OFFICE USE ONLY:

Hours Booked	
Hours Actual	
Balance	

Balance for the month ending _____: _____ hrs