

Emerald Outside School Hours Care

ENROLMENT FORM CONFIDENTIAL FORM

Please note: All information given is strictly confidential and will be viewed only by the Service Director or appropriate staff.

	<i>Child 1</i>	<i>Child 2</i>	<i>Child 3</i>	<i>Child 4</i>
Surname:				
Given Names:				
Sex of Child:				
Birth Date:				
Child's CRN:				
Parent Contact Details <i>Contact 1 is the parent/guardian who will be claiming CCB/ rebate.</i>	Contact 1		Contact 2	
Surname:				
First name:				
Parents date of birth:				
Parents CRN:				
Postal Address:				
Residential Address:				
Childs Address:				
Will you have the CCR rebate payment made to the service?			Yes	No
Home Phone:				
Mobile Phone:				
Workplace <u>and</u> Contact:				
Email Address: Two if needed	1.	2.		
Family Doctors Name and Address:				
Family Doctor Phone:				
Medicare Number:				

Adults (Other than Contacts 1 & 2) that are also responsible for emergency contact and collection of children.

Name:	Relationship:	Address:	Contact No.:	Authorised to give medical treatment?	Authorised to give medication?
				Yes / No <i>Please sign:</i>	Yes / No <i>Please sign:</i>
				Yes / No <i>Please sign:</i>	Yes / No <i>Please sign:</i>
				Yes / No <i>Please sign:</i>	Yes / No <i>Please sign:</i>

Child's Brief History: (Please only note information you see as helpful to us)

Medical History:

Does your Child have any medical conditions? **Yes / No**

If yes, please specify: _____

Does your Child suffer from any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Asthma (attach plan if available) | <input type="checkbox"/> Other respiratory conditions |
| <input type="checkbox"/> Drug allergies | <input type="checkbox"/> Heart conditions |
| <input type="checkbox"/> Other allergies (including food) | <input type="checkbox"/> Blood pressure |
| <input type="checkbox"/> Anesthetic (local & general allergies) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Recent operation / injury |
| <input type="checkbox"/> Special Dietary requirements | <input type="checkbox"/> Other - please list |

**Please provide
Action Plans
prior to
commencement**

As the parent or a person authorised to consent to the medical treatment of the child, for the approved provider, nominated supervisor or an educator to seek –

(i) Medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and

(ii) Transportation of the child by an ambulance service. **Yes / No**

Do you give permission for Panadol to be administered to your children if required? **Yes / No**

Do your child/children have any disabilities or special needs? **Yes / No**

If yes, please give details: _____

Do you give permission for your child / children to be photographed? **Yes / No**

Please note: Photos may be used to illustrate our satisfactory achievement of Quality Assurance indicators. This means that there will be a range of people with access to this information e.g QA Validator. Photos are used for posters, displayed at the service and on our CLOSED Facebook Page "EMERALD OSHC. Photos will also be used in the local newspapers occasionally.

Is there any parental orders/residential orders for the child/ren (Eg. Custody issues) **Yes / No**

If yes, please provide copies of documents. Please note all care will be taken, but staff are legally unable to enforce this issue, if it arises.

Are there any cultural or religious requirements? **Yes / No**

Is your child's first language English? **Yes / No**

If not, please list first language: _____

Do you wish for your child/children to complete homework whilst at the centre? **Yes / No**

Please provide a copy of Immunisation records with enrolment form.

If copy is not provided Director or Coordinator has sighted records.

Director: Trudy Roberts

Coordinator: Caitlin Malone or Jackie Gleeson

Signature: _____

Signature: _____

Escort Arrangements to Denison State School

As part of our service, we escort the children from the Centre in the morning to Denison State School and then in the afternoons, we collect them from the tuck shop area and bring them back to the Centre.

Before School Care: We will walk the children to Denison at 8.15am arriving at the front gates approximately 8.20am. The children then make their way through the school to their class rooms
Prep children are escorted to their classroom for the first term.

After School Care: We will collect children from Denison tuck-shop area at 3pm and return to the Centre at approximately at 3.20pm. Prep Children are collected from their classroom all year.

There will be minimum of 2 staff members collecting the children with the daily roll to ensure all the children are accounted for. If your child is not at the collection area as expected we will make the appropriate phone calls to; the guardians, emergency contacts, school (physically check office), and if in the case of an emergency, the police.

Please sign if you agree to the escort arrangements:

Parent Name:	
Parent Signature:	

If you have any questions, please do not hesitate to talk to the staff.

Regards,

Trudy Roberts
Director



Transport Arrangements Available

'Emerald Coaches' provides their bus service to 'Emerald Outside School Hours Care' for before and after school care.

Before School Care: Emerald Coaches will collect the children from the morning bus stop at approximately 8.15am and drop them to school on time. The bus stop is Gladstone Street, under the tree, across the road from the entrance to our Centre.

After School Care: Emerald Coaches will collect the children from each school at approximately 3pm and deliver them to Centre bus stop by 3.15pm. The bus stop is on Roberts Street, behind Calvary Christian Church, under the large tree.

There will be minimum of 2 staff members collecting the children with the daily roll to ensure all the children are accounted for. If your child is not on the bus as expected we will make the appropriate phone calls to; the guardians, emergency contacts, school, emerald coaches and if in the case of an emergency, the police.

Upon enrolment, it is your responsibility to contact Emerald Coaches to make payment arrangements for the transport between OSHC and school. It is then also, your responsibility to inform the school that your children need to catch the bus to Emerald OSHC.

Emerald Coaches Contact:

4982 4444

83 Macauley Access Road

Please sign if you agree to the escort arrangements:

Please circle the school your child attends	Emerald North Emerald State St Patrick's Primary School Emerald Christian College St Brigid's Primary School
Parent Name:	
Parent Signature:	

If you have any questions, please do not hesitate to talk to the staff.

Regards,

Trudy Roberts
Director



TERMS & CONDITIONS

In consideration of my/our child/children's enrolment in the Emerald Outside School Hours Care, I _____ understand, and agree that:

1. I/we have discussed the enrolment of my/our child/children with the Director or Coordinator.
2. I/we understand the fees are \$20 for Before School Care, \$25 for After School Care and \$75 for Vacation Care. This is per child, per day and includes all meals. Extra costs are noted for bus surcharges and excursions.
3. I/we understand payment is via cash or bank transfer. Please reference your child/children first and last name.
4. I/we understand that to cancel my child/children's bookings, I/we must notify the Centre one full business day beforehand.
- If this requirement is not met, your child/children will be marked as absent, and the standard daily fee will remain on your account. This includes unexpected illness or circumstance.

NOTE: 'One business day' means one operating day of 6am – 6pm. Example 1: If you were to cancel Monday After School Care booking, you need to notify the centre before 6:00pm on Thursday the previous week to avoid the absent fee. Example 2: If you were to cancel Thursday Before School Care booking, you need to notify the centre before 6:00pm on Tuesday to avoid the absent fee.

5. I/we understand that before and after school care bookings for the Term period will be taken the previous week by Thursday at 6pm. All bookings made after this day and time will incur a \$5 Walk in Fee per child, per booking. The Vacation Care walk in fee is \$10 per day, these terms and conditions are stated on the vacation care booking form.
6. I/we understand if my/our child/children is in breach of the rules and behavioural guidelines I/we may be asked to come and collect my/our child/children from the Centre.
7. I/we agree to notify a staff member at the Centre, if my/our child/children are to be collected by another adult. Child/children will not be allowed to leave the Centre with adults unknown to staff without prior parental permission.
8. I/we agree to keep my/our child/children at home when they are suffering from a contagious or infectious illness. I/we agree to remove my/our child/children from the Centre if she/he becomes suddenly ill.
9. I/we understand that if, in the case of a sudden illness or an accident, the parent/guardian/emergency contact cannot be contacted, the Director, Coordinator or any other responsible staff member, as agent for the parent, shall have discretionary power to seek immediate medical attention at my/our expense.

Parent/Guardian's signature: _____ Date: ___/___/___

Director: Trudy Roberts

Signature: _____ Date: ___/___/___

Coordinator: Caitlin Malone or Jackie Gleeson

Coordinator's Signature: _____ Date: ___/___/___

BOOKING FORM

Please Circle:

Casual or; **Permanent**

Casual Booking: 'Casual' please advise staff by Thursday at 6pm the week before, each week.

Permanent Booking: Please tick the days you require for term time. Each term, these bookings will continue unless advised otherwise.

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Vacation Care

Vacation Care Booking: To make a vacation care booking, an alternative form will be sent out in the weeks leading up to the vacation care period. This form will be on display and emailed out to all parents. This form has separate terms and conditions and is required to be returned NO LATER than one week before vacation care starts.

By signing this form, I acknowledge that I will adhere to the Centre's Terms and Conditions listed above on page 5, in relation to making bookings.

Parent/Guardian's signature: _____ Date: ___/___/___