



## 2020 Out of School Hours Care Enrolment Form

### Student Details

Child's Surname			
Child's Given Names			
Date of Birth		Gender	M      F
Child's CRN			
Child's residential address			
Class/Year Level in 2020		Indicate Care required: <input type="checkbox"/> Before School <input type="checkbox"/> School holidays <input type="checkbox"/> After School	
Names & age of siblings			
Doctor's Name		Doctor's Telephone	
Are there relevant Court Orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copies attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization Official Record	Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I give permission for IJGS OSHC to access these records from the IJGS Enrolment file.
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____		
Special Needs Please provide details			

### Child Care Subsidy (CCS)

This information is required for the management of childcare benefits and rebates. Please contact Department of Human Services (ph: 13 61 50) to receive a Customer Reference Number (CRN) and detailed information regarding CCS (Child Care Subsidy- income tested)

**NB: Children who do not attend for the first or last day of their booking will not be entitled to rebates for that day. Full fees will apply for these absences.**

**Fees** - An annual administration fee of \$25.00 per child applies. This charge will be included in the first statement sent to parents. **Late Fees:** Parents who collect their children after 6.15pm will incur a fee of \$20 per 15 min., or part thereof for each child.

Bookings	Before School	After School	Vacation Care
Casual	\$17	\$25	\$70 Flat Fee includes breakfast, lunch, morning and afternoon tea
Routine	\$15	\$20	\$65 (Early Bird) includes breakfast, lunch, morning and afternoon tea

**Authorised Guardians**

	Parent 1/Guardian 1	Parent 2/Guardian 2
<i>Name</i>		
<i>Date of Birth</i>		
<i>Parent CRN</i>		
<i>Address for Account</i> <i>Include postcode</i>		
<i>Occupation</i>		
<i>Home Phone</i>		
<i>Work Phone</i>		
<i>Mobile</i>		
<i>Email Address</i> <input type="checkbox"/> <i>Indicate here for electronic account</i>		
<b>Authorised Pickup &amp; Emergency contact</b>	<b>Contact 1</b>	<b>Contact 2</b>
<i>Name</i>		
<i>Phone</i>		
<i>Relationship</i>		

**Authorised Nominee**  
 There may be times when a child has an accident, trauma, illness, injury or needs medical treatment or medication and the parents or guardians cannot be contacted. To deal with this situation the service will contact the people nominated above. Your consent is required for other people to collect the child on your behalf. Should the child not be collected at the end of the day this list may also be used. You may change this list throughout the year. Regulation 93(b)(ii) states an oral authorisation from a registered Medical Practitioner or emergency service is acceptable if the authorising person cannot reasonably be contacted. Regulation 94 Despite Regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency. These contacts are empowered to authorise an educator to take the child outside the education and care service premises.  
 Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law

**PAYMENT METHOD**

Ipswich Girls' Grammar School has partnered with Debitsuccess which are fully compliant Direct Debit services. Debitsuccess are Australian Financial Services licensee and has a stringent set of compliance and quality assurance measures in place.

Depending on frequency option chosen payments will be collected weekly or fortnightly in arrears to keep in line with your Government Child Care benefit.

"Debitsuccess" will appear on your statement for those paying by Credit Card. "Ipswich Girls' Grammar School" will appear on those paying from their bank accounts.

**MEDICAL CONSENT**

Surname	First Name	Date of Birth
Year Level in 2020:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Medicare Number	Expiry Date	Position on Card
Email Contact for Parent (non- emergency contact)		

**EMERGENCY CONTACT**

The emergency persons specified on page 2 will be contacted if we are unable to contact you.

**MEDICAL HISTORY**

Item	Yes	No	NA
Asthma/anaphylaxis (please supply action plan from doctor)			
Diabetes (please provide action plan from doctor)			
Epilepsy (please supply action plan from doctor)			
Attention Deficit Disorder			
Diagnosed disability (please supply doctor's cert. & relevant info)			
Other (please specify) e.g. dietary, sunscreen allergy, face paint allergy,			
I have attached relevant Medical Action Plans for the above			

**CURRENT MEDICATIONS (if any)**

List prescription and non-prescription medications currently being taken by your son/daughter.

Prescription	Dose	Frequency	Non-Prescription	Dose	Frequency

To enable OSHC Educators to plan activities and experiences to assist the individual development of my child, I give permission for:

- Observations to be taken Yes ☐ No ☐
- Photographs/videos to be taken for use in displays within the service & School. Yes ☐ No ☐
- Photographs/videos to be taken for use Outside the service & School. (e.g. Newspapers) Yes ☐ No ☐
- Viewing of PG MOVIES Yes ☐ No ☐

**Enrolment Agreement**

I undertake to inform you in writing of any changes to the information in this form as and when necessary.

I give permission for the Coordinator/Acting Coordinator of the Ipswich Junior Grammar Outside School Hours Care service\* to have full access to the School's medical records of the students mentioned above, when deemed necessary in first aid and emergency situations.

I give permission for the Coordinator/Educator of the Ipswich Junior Grammar Outside School Hours Care service\* to administer medical treatment/Paracetamol/Nurofen when deemed necessary in first aid and emergency situations. The appropriate medication forms will also be actioned by educators and signed by parents/legal guardians. (\*operating under the auspices of Ipswich Girls' Grammar School).

I have read the Parent Information Booklet and acknowledge my responsibilities in relation to the OSHC service operating within accreditation and licensing guidelines.

**Signature required here:**

Name \_\_\_\_\_  
(Parent/Guardian)

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Multicultural

We live in a multicultural society; therefore, it is our aim to ensure everyone feels valued and supported. We begin this in the early years by encouraging children to accept diversity. Please assist by taking the time to complete the information below.

Child's Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Families Country of Origin: \_\_\_\_\_

Language most often used at home: \_\_\_\_\_

Would you be willing to share some information with the other children and educators at the Centre regarding your country and culture? E.g. crafts, arts, food, stories, etc that might give the children a better understanding of other cultures?

Are there any activities that might take place at the Centre that would cause conflict with your family beliefs and values?



My name is: \_\_\_\_\_

I have brothers and sisters. Their names are:

\_\_\_\_\_

My favourite foods are: \_\_\_\_\_

My favourite colours are: \_\_\_\_\_

My favourite place to holiday is: \_\_\_\_\_

My Pets are: \_\_\_\_\_

When I grow up, I want to be: \_\_\_\_\_

One special place I would like to visit is: \_\_\_\_\_

Things I'd like to do at school care: \_\_\_\_\_





Office use only	Particulars
T1	
T2	
T3	
T4	

## 2020 OSHC BOOKING FORM & AGREEMENT

Child's Name:		
Child's Year Level:		D.O.B

### Booking Terms and Conditions as follows:

To book your child/ren, you must register by first completing an OSHC Enrolment Form (one per child). **Routine bookings** will be taken and accounted for each term time. Charges are applicable regardless of cancellation/ illness. Selected routine booking will not be changed around from week to week.

**Annual Administration fee:** \$25

**Termination of routine bookings** must be made at least two weeks' in advance of withdrawal date.

**Term Time Casual Bookings** will only be accepted when appropriate educator to child ratio (1:15) can be met. Parents may be contacted to pick up children who are not booked in if this ratio cannot be met.

**Late fees** of \$20 per 15 minutes or part thereof apply for children picked up after 6.15pm.

### Before School Care (6am-8.30am) Routine \$15 per day

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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### After School Care (3pm-6.15pm) Routine \$20 per day

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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**Boxes below MUST be ticked ✓ for unscheduled casual & vacation care bookings.**

<input type="checkbox"/> <b>Casual Bookings</b>	Taken week to week by phone, email and in person <b>Casual Fees: Morning 6am-8.30am - \$17 and Afternoon 3pm-6.15pm - \$25</b>
<input type="checkbox"/> <b>Vacation Care</b>	<b>Fees: \$70 Flat Fee per day or \$65 per day (Early Bird) (Opened weekdays 6am-6.15pm)</b>

Parent/Guardian Please tick ✓	
T1	
T2	
T3	
T4	

### **Agreement -**

As a part of your enrolment at our service we require you to confirm acceptance of your bookings above (including Vacation Care) to be able to receive Government funding on your behalf. Acceptance of these items can be used as a Complying Written Arrangement for Child Care Subsidy purposes. Please confirm by signing below.

I confirm:

- That my details in the IJGS OSHC Enrolment form, as well as the details of the child/children I am enrolling are correct.
- I have agreed to days of care within the service and understand the start and end times of these sessions of care.
- That care may be provided on a casual or flexible basis where available at my request.
- I understand I am liable to pay fees for the care of my child/children as indicated above and, if applicable, in other information the service has given me (i.e. fee schedule, parent handbook) which are subject to change over time based on advice from IJGS OSHC (provider) and acceptance by me.

Name:		
Signature:		Date:

Contact information: Ph. 3454 4570; m. 0414891199 or [OSHCAdmin@juniorgrammar.com.au](mailto:OSHCAdmin@juniorgrammar.com.au)

**CHECKLIST**

Please ensure you have read, initialled and signed where necessary

<b>Parent/Guardian check list</b>	✓ X
Enrolment Forms <ul style="list-style-type: none"> <li>Guardian CRN details</li> <li>Child CRN details</li> <li>Contact List completed</li> </ul>	
Booking Form & Agreement signed and dated	
Direct Debit - Debitsuccess	
OSHC Information Booklet - Includes: <ul style="list-style-type: none"> <li>Account Procedures</li> <li>Vacation Care Protocol</li> <li>Excursion Planning Details</li> <li>Absentee Policy</li> <li>Dropping Off and Picking Up of Children</li> </ul>	
Policies and Procedures Information - on website <a href="http://www.girlsgrammar.com.au">www.girlsgrammar.com.au</a>	
Copy of Medical Action Plan (if applicable)	
Copy of Court Orders (if applicable)	

<b>Office use only</b>	✓ X	Date	Notes
Enrolment Form dated & signed			
Booking Form and Agreement dated & signed			
CRN details for caregiver			
CRN details for child			
Contact List updated			
Direct Debit Request completed			
Details updated/created on Qikkids			
Relevant attachments received			