



TOWNSVILLE GRAMMAR SCHOOL

OSHC ENROLMENT FORM

Annandale – 4412 4857 | North Shore – 4412 6604

oshc@tgs.qld.edu.au

Family Handbook Check Sheet

Welcome to Townsville Grammar OSHC and thank you for enrolling your child with us. Our educators look forward to caring for your children and forming a meaningful and lasting relationship with you and your family. Your Co-ordinator is Mrs Kacey Reid. We also employ a number of casual Educators. We have educator members employed at our Centre that are First Aid qualified. Our Educators also hold a wide range of qualifications related to the care of children and hold a current Suitability Card for Child Related Employment, issued by the Commission for Children and Young People.

We are an Approved Centre as required by the Department of Early Childhood Education and Care. We have completed our Assessment under the Dept of Education, Training and Employment and have received a WORKING TOWARDS (Annandale) and WORKING TOWARDS (North Shore) rating. We are committed to the principles of quality improvement. Our Centre is following the My Time, Our Place framework.

We hope that you find this information package helpful and informative.

- ☐ I have received all of the above information.
- ☐ I have had the opportunity to have an interview with the Co-ordinator to discuss my child's enrolment and attendance at the Centre. I am satisfied that the interview, which included the opportunity for me to view the Centre whilst operating, allowed me to express any concerns or voice any questions I had. I understand that I am able to view the educator position description and their duties required.
- ☐ I understand it is my responsibility as parent/guardian to apply for Child Care Rebate. CCMS will automatically update my information with the Centre.
- ☐ I have read, and agree, to abide by the Grammar Centre Policy and Procedures Manual.
- ☐ I have completed the Enrolment form honestly and to the best of my knowledge.
- ☐ I understand I must contact the Centre immediately if information on this form changes.

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Signature of Parent/Guardian

.....
Date

.....
Signature of Centre Representative

.....
Date

BONUS INTRA MELIOR EXI

CHILDREN'S DETAILS (ALL CHILDREN IN CARE)

Given Names

Surname

Gender M / F DOB / / Class

Country of Birth Cultural Background

Languages spoken at home.....

Identified as Torres Strait Islander / Aboriginal / Other

Address.....

☐ OSHC North Shore ☐ OSHC Annandale CRN

Given Names

.....

Surname

Gender M / F DOB / / Class

Country of Birth Cultural Background

Languages spoken at home.....

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Languages spoken at home.....

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Address.....

☐ OSHC North Shore ☐ OSHC Annandale CRN

PARENT/CARER DETAILS

Parent/Guardian 1

Title DOB / / ☐ Identification Sighted

Given Names

Surname

Phone (H) (W) (M)

Email

Address

.....

Occupation ☐ Interested in sharing skills with Centre

Cultural Background Nationality

Relationship to enrolling child

Marital Status ☐ Married ☐ Separated ☐ Single ☐ Divorced ☐ Widowed ☐ DeFacto

CRN ☐ Responsible for Account ☐ Interpreter Required

Parent/Guardian 2

Title DOB / / ☐ Identification Sighted

Given Names

Surname

Phone (H) (W) (M)

Email

Address

.....

Occupation ☐ Interested in sharing skills with Centre

Cultural Background Nationality

Relationship to enrolling child

Marital Status ☐ Married ☐ Separated ☐ Single ☐ Divorced ☐ Widowed ☐ DeFacto

CRN ☐ Responsible for Account ☐ Interpreter Required

EMERGENCY CONTACT 1
(OTHER THAN A PARENT/CARER)

Emergency Contact 1:

Title:..... Name:

Last Name:

Phone (h):

Phone (w):

Mobile:

Relationship:.....

Able to collect without notification: Yes / No

Residential Address:

Email needed for sign in & out.....
.....

AUTHORISED NOMINEE 1
(OTHER THAN A PARENT/CARER)

Title:..... Name:

Last Name:

Phone (h):

Phone (w):

Mobile:

Relationship:.....

Residential Address:

Email needed for sign in & out.....
.....

- ☐ Able to notify in an emergency if parent cannot be contacted.
- ☐ Consent to medical treatment or authorise administration of medication to the child.
- ☐ Authorise an Educator to take the child outside the education care premises.

EMERGENCY CONTACT 2
(OTHER THAN A PARENT/CARER)

Emergency Contact 1:

Title:..... Name:

Last Name:

Phone (h):

Phone (w):

Mobile:

Relationship:.....

Able to collect without notification: Yes / No

Residential Address:

Email needed for sign in & out.....
.....

AUTHORISED NOMINEE 1
(OTHER THAN A PARENT/CARER)

Title:..... Name:

Last Name:

Phone (h):

Phone (w):

Mobile:

Relationship:.....

Residential Address:

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.....

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- ☐ Authorise an Educator to take the child outside the education care premises.

STUDENT MEDICAL DETAILS

Child's Name:

Diagnosed with Anaphylaxis ☐ Yes ☐ No

Special dietary requirements ☐ Yes ☐ No

Allergies ☐ Yes ☐ No

Special requirements ☐ Yes ☐ No

Medication requirements ☐ Yes ☐ No

PLEASE NOTE: If yes to any of these requirements, a separate form will be presented to you for completion for any/all of the children listed on this enrolment form.

I, do hereby give consent to the approved provider, nominated supervisor, or an educator, to seek medical treatment for my child/ren from a registered medical practitioner, hospital or ambulance service. I also give consent to the transportation of my child/ren by an ambulance service. I also give consent for the staff of Townsville Grammar OSHC to administer life-threatening medication in an emergency to my child/ren. I also give consent for the application of sunblock SPF 30+ and insect repellent, as needed.

Parent/Carer/Guardian Signature: Date:

STUDENT MEDICAL & CULTURAL DETAILS

Medicare Number:

Doctor's Name: Phone:

Doctor's Address:

Health records supplied and/or sighted ☐ Yes ☐ No Staff signature

Immunisation records supplied and/or sighted ☐ Yes ☐ No Staff signature

Does your child have any religious/cultural needs? ☐ Yes ☐ No

Please supply any additional details that may assist the Centre and your children:

.....

.....

We are required by law to have a copy of children's current immunization documents.

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.....

.....

We are required by law to have a copy of children's current Immunization documents.

COURT ORDERS, PARENTING ORDERS & PARENTING PLANS

Are there any Court Orders, Parenting Orders or Parenting Plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? ☐ Yes ☐ No

If yes, you are required to provide copies of the Court Orders, Parenting Orders or Parenting Plans.

Are these copies attached? ☐ Yes ☐ No

Are there any court orders relating to the child's residence or the child's contact with a parent or other person? ☐ Yes ☐ No

If yes, you are required to provide copies of the Court Orders, Parenting Orders or Parenting Plans.

Are these copies attached? ☐ Yes ☐ No

Brief summary of relating:

Powers, duties, responsibilities or authorisations of any person in relation to the child or access to the child. Court Order details provided to approved provider relating to the child's residence or the child's contact with a parent or other person.

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Please note, Court Orders must be supplied to the Centre prior to us accepting any restriction of contact to your child.

DAYS REQUIRED FOR ENROLMENT Please circle:

Before School Care	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
After School Care:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Vacation Care:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Commencement Date:

OSHC MEDICAL CONDITIONS RISK MANAGEMENT PLAN

Child's name: DOB:

What is the specific health care need, allergy or relevant medical condition that this assessment addresses?

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Does the child need dietary modifications? ☐ Yes ☐ No If yes, please comment below

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Risk – What are the issues and/or the actual/potential situations that could lead to a medical emergency?

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Strategy – What can be done to reduce the risk? What resources are needed?

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Who – Who is this information to be shared with? Why?

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Unsafe foods and meals (if applicable):

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Safe foods and meals (if applicable):

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Educator's Signature: Date:

Parent Signature: Date:

All educators have been made aware of this Medical Conditions Risk Management Plan and understand the risk, plan to minimise the risk, and how to respond if a risk has been detected.

Nominated Supervisor Signature:..... Date:.....

ANAPHYLAXIS/MEDICAL/ALLERGIES/SPECIAL REQUIREMENTS FORM

Special Requirements	
Child's Name:	
Child's Doctor:	
Reason for Requirement:	
Dietary Requirements	
Some foods may need to be catered for by the parent/guardian if not within the Centre's daily menu.	
Severity:	
Mild Moderate Severe	
Details of Requirements:	
Treatment required:	
Action Plan/ Risk Minimisation Plan Completed	
Allergies	
Allergic to:	Mild Moderate Severe
Treatment required:	
Action Plan	
Medical Requirements	
Diagnosed medical condition:	
Treatment required:	
Physical assistance required:	
Social interactions assistance required:	

I have completed this form honestly and to the best of my knowledge. I understand that my permission for the Centre to contact/utilise outer community services may be a condition of my child's enrolment. The Centre may conduct a risk assessment for the safety of my child and others within the Centre. I have read the Policies and Procedures Manual and understand its contents with regards to inclusive care.

Parent/Guardian Name: Signature:.....

Witness Name:..... Signature:.....

Date:

ADDITIONAL INFORMATION

It is recommended that this section be filled out by family members, staff and outer community support members.

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PLEASE NOTE:
Once children are booked in, you will be charged for these days. If you are intending to take holidays, we require two weeks' notice for your child/ren to be removed from rolls. Days cannot be swapped as a make-up day due to educator rosters.

At times, the Centre is able to supply children with access to the internet and cameras. These forms of technology are monitored by educators at all times. Cameras are only to be used for internal purposes. Photos are not permitted to be taken on privately owned phones or cameras.

Signature of approval and understanding of the above:

DECLARATION APPLICATION AND AGREEMENT OF ENROLMENT

In the event of my child receiving injuries requiring urgent medical attention, I authorise

In the event of my child receiving injuries requiring urgent medical attention I authorise the care providers to obtain medical assistance, which they deem necessary, and agree to pay all medical and transport cost incurred on behalf of my child.

I further authorise qualified practitioners to carry out any treatment if the need arises.

I understand that my child is not the centre's responsibility until they arrive at the Centre. I will notify the centre if my child will not be attending a session, and will pay for the session.

My child will be excluded from the Centre if suffering from an infectious illness. (Including head lice).

I understand that should behavioural problems arise with my child, I shall be approached.

I accept the fee structure and will pay fees. Failure to do so will result in me having to find alternative care.

1. I confirm:

- That my details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care within the service(s) 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 service(s) at my request.
- I understand I am liable to pay fees for the care of my child as indicated on the TGS website and, if applicable, in other information the service has given me (such as a fee schedule or parent handbook) which are subject to change over time based on advice from the provider and acceptance by me.

2. I am aware that the Policy and Procedures manual can be viewed by me at any time and able to make suggestions towards it.

3. Priority of access (as set out by the Dept. of Communities). School age children will have first priority of access (Prep to Year 6) or to the age of 12 years.

a) A child at risk of serious abuse or neglect

b) A child of a single parent or couple who both satisfy the work/training/study test under the Family Assistance Office Act.

If demand exceeds places priority will be given under this guideline. Two weeks' notice will be given to me by the Centre if I do not come under the priority of access and demand exceeds places.

4. I understand that if I have not chosen to have set days for care the Centre may not be able to take my casual booking.

5. I will follow the Parents Code of Conduct and will not swear or raise my voice when at the Centre. Educator members have the right to ask me to leave the premises if they feel intimidated in any way and the Police will be called if I refuse to respond to the request.

6. I am to book my children in for every set of holiday and new term if required and I am also required to pay for holiday periods in advance.

11. I am aware of the Centre's Child Protection Strategies Plan and the rights of my child to be free from harm.

I hereby apply for enrolment ofat the Townsville Grammar School OSHC Program. I certify that the information I have provided on enrolment is true and accurate and I am responsible for notifying the Centre of any changes in circumstance. I agree (and all other persons entering the Centre on my behalf) to abide by the Centre Policies and Procedures.

Applicant Full Name: Signature:

Witness Full Name: Signature:

Please print and return this form to the correct Campus (North Shore or Annandale) or email **oshc@tgs.qld.edu.au**
