



TOWNSVILLE GRAMMAR SCHOOL

OSHC ENROLMENT FORM

Annandale - 4412 4857 | North Shore - 4412 6604

Email - 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 Ms Joanne Stockwell. 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 an EXCEEDING 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.

.....
Signature of Parent/Guardian

.....
Date

.....
Centre Representative

.....
Position

CHILDREN'S DETAILS (all children in care)

Given Names

Surname

Gender M / F DOB/...../..... Class

Country of Birth Cultural Background

Languages Spoken

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

Identified as Torres Strait Islander/Aboriginal/Other

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OSHC North Shore OSHC Annandale CRN

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OSHC North Shore OSHC Annandale CRN

Given Names

Surname

Gender M / F DOB/...../..... Class

Country of Birth Cultural Background

Languages Spoken

Identified as Torres Strait Islander/Aboriginal/Other

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 Parent/Carer)

Title **Name**

Last Name

Phone (H)

(M)

(W)

Relationship

Able to collect without notification? Y N

Residential Address

.....

.....

Authorised Nominee 1

(Other than Parent/Carer)

Title **Name**

Last Name

Phone (H)

(M)

(W)

Relationship

Residential Address

.....

.....

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 and care premises.

Emergency Contact 2

(Other than Parent/Carer)

Title **Name**

Last Name

Phone (H)

(M)

(W)

Relationship

Able to collect without notification? Y N

Residential Address

.....

.....

Authorised Nominee 2

(Other than Parent/Carer)

Title **Name**

Last Name

Phone (H)

(M)

(W)

Relationship

Residential Address

.....

.....

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 and care premises.

STUDENT MEDICAL DETAILS

Child's Name
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.

Child's Name
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.

Child's Name
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.

Child's Name
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 any 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 CONT AND CULTURAL DETAILS

Medicare Number
Doctor's Name **Doctor's Phone**
Doctor's Address

.....
.....

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 Immunisation documents.

CUSTODY DETAILS

Custody Requirements Yes No

Brief Summary
.....
.....
.....
.....
.....
.....
.....

PLEASE NOTE: Court Orders must be supplied to the Centre prior to us accepting any restriction of contact with 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?

.....

Does the child need dietary modifications? (If yes, please comment in sections below) Yes No

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

.....
.....
.....
.....
.....

Strategy – What can be done to reduce these risks? What resources are needed?

.....
.....
.....
.....
.....

Who – Who needs to be included in the process? Why?

.....
.....
.....

Unsafe Foods and Meals (if applicable):

.....
.....
.....

Safe foods and meals (if applicable):

.....
.....

Educator's Signature **Date**/...../.....

Parent's Signature **Date**/...../.....

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

Nominated Supervisor's Signature **Date**/...../.....



MEDICAL/DIETARY/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 in regards to inclusive care.

Parent/Guardian Name **Signature**

Witness Name **Signature**

Date/...../.....

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 'make-up' days 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 for the above

DECLARATION

APPLICATION AND AGREEMENT OF ENROLMENT

1. 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.
2. 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.
3. My child will be excluded from the Centre if suffering from an infectious illness. (Including head lice).
4. I understand that should behavioural problems arise with my child, I shall be approached.
5. I accept the fee structure and will pay fees. Failure to do so will result in me having to find alternative care.
6. I confirm:
 - a. That my details in the enrolment form, as well as the details of the child I am enrolling are correct.
 - b. I have agreed to days of care within the Service(s) and understand the start and end time of these sessions of care.
 - c. That care may be provided on a casual or flexible basis where available at my Service(s) at my request.
 - d. 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.
7. I am aware that the Policy and Procedures Manual can be viewed by me at any time and able to make suggestions towards it.
8. 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 12yrs.
 - 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.
9. 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.
10. 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.

11. I am to book my children in for every set of holidays and new term, if required, and I am also required to pay for holiday periods in advance.
12. 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 the enrolment of at the Townsville Grammar OSHC program. I certify that the information I have supplied 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's Policies and Procedures.

Applicant's Full Name **Signature**

Witness's Full Name **Signature**

Print and fill out the form, and return it to the correct Campus (Annandale or North Shore) or email to Joanne Stockwell at oshc@tgs.qld.edu.au