

## **Bucasia Outside School Hours care**

76 Kemp Street  
Bucasia Qld 4750

Coordinator: Amanda Hunt  
Tel: Bucasia OSHC 0499 490 479 – please text enquiries  
Email: bucasia\_OSHC@outlook.com  
Admin: Danille Sandow  
Email : Bucasia\_bookkeeping@outlook.com

### **Hours of Operation:**

Before School Care	6:30am – 8:50am
After School Care	3:00pm - 6:00pm
Vacation Care	6:30am - 6:00pm
Pupil Free Days	To be Announced
Public Holidays	Closed
Christmas Period	To be Announced

### **Executive of P&C (Management Committee):**

P & C President: Danielle Tassan  
P & C Secretary: Belinda Young  
P & C Treasurer: Raylene Stott

### **Fees and Charges (before Australian Government Child Care Subsidies)**

Before School Care (includes breakfast): \$18  
After School Care (includes afternoon tea): \$24  
Vacation Care and Pupil Free Days (includes morning and afternoon tea): \$57  
(Additional fees are charged for excursion days)

**CASUAL BOOKING PROCEDURE:** 24 hours notice.TEXT to phone. On the weekend by Sunday night 6pm cut off so we can reply. **Please book the earlier the better.** Cancellation and no show policy as indicated on the enrolment form. **CANCELLATIONS HAVE A 7 DAY CANCELLATION POLICY.**

**ENROLMENT FORMS MUST BE SUBMITTED PRIOR TO BOOKING.**



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# OUTSIDE SCHOOL HOURS CARE

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## ENROLMENT FORM

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### STAFF USE ONLY

ALL INFORMATION IS FILLED OUT CORRECTLY: YES/NO (please circle)

Action Required: \_\_\_\_\_

IMMUNISATION STATUS RECORD PROVIDED: YES/NO (please circle)

Action Required: \_\_\_\_\_

COURT ORDERS HAVE BEEN PROVIDED: YES/NO/NA (please circle)

Action Required: \_\_\_\_\_

MEDICAL CONDITION ACTION/MANAGEMENT PLAN PROVIDED AND RISK MINIMISATION PLAN DOCUMENTED: YES/NO/NA (please circle)

Action Required: \_\_\_\_\_

DDR FORM FILLED OUT CORRECTLY: YES/NO

Action Required: \_\_\_\_\_

NAME OF STAFF MEMBER ACCEPTING ENROMENT FORM: \_\_\_\_\_ DATE: \_\_\_\_\_

ENTERED ONTO KIDSOFT BY: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

## PARENT/GUARDIAN DETAILS

Welcome to BUCASIA Outside School Hours Care. To assist us in providing your family with the best possible care, please complete the following forms as accurately as possible. All personal information collected will be treated confidentially and used in accordance with our service policies on privacy and confidentiality. These are available upon request.

When completed, return the forms to the OSHC Operations Manager. This form must be returned fully completed before your child/children can attend OSHC. In addition to this enrolment form we must also receive a child details form for each child and in some cases may require medical management plans.

### PARENT/GUARDIAN 1

(The Person who child resides with and who is responsible for the account)

Name: MR/MRS/MISS/MS

First Name:

Last Name:

Street Address:

Suburb:

Postcode:

Home Phone:

Mobile:

Email:

Employer:

Date of Birth:

Occupation:

Customer Reference Number (Centrelink):

Work Phone:

Relationship to Child:

Country of Birth:

Accounts are issued weekly. Our policy states all accounts must be paid one week in advance. You will receive your account by email unless otherwise requested.

### PARENT/GUARDIAN 2

(This Person is authorised to collect child)

Name: MR/MRS/MISS/MS

First Name:

Last Name:

Street Address:

Suburb:

Postcode:

Home Phone:

Mobile:

Email:

Employer:

Date Of Birth:

Occupation:

Customer Reference Number (Centrelink):

Work Phone:

Relationship to Child:

Country of Birth:

Accounts are issued weekly. Our policy states all accounts must be paid two weeks in advance. You will receive your account by email unless otherwise requested.

Please provide 3 emergency contacts (other than listed above). If you are unable to provide 3, speak to the Coordinator or Operations Service Manager.

Please note the following applies to Emergency Contacts:

1. Only the people noted below may pick up your child unless otherwise arranged.
2. These people are required to produce photo identification when picking up your child at their first visit to the service and subsequently by staff request.
3. Authorised Nominees/Emergency Contacts must be over the age of 18. No person under the age of 18 years will be allowed to drop off or pick up your child unless he/she is authorised by you to do so. In this case, you will be requested to complete a separate authorisation.
4. In an emergency, and/or if your child is not collected at closing time, the centre staff will contact the emergency contacts.

<b>AUTHORISED NOMINEE/EMERGENCY CONTACT 1</b>	
Full Name:	This person is authorised to carry out the following responsibilities for my child/children (please tick appropriate authorities): <input type="checkbox"/> Collect the child from the education and care service <input type="checkbox"/> Consent to medical treatment and authorised to administration of medication. <input type="checkbox"/> Authorise an educator to take the child outside of the education and care services premises e.g. excursion.
Relationship to Child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	
<b>AUTHORISED NOMINEE/EMERGENCY CONTACT 2</b>	
Full Name:	This person is authorised to carry out the following responsibilities for my child/children (please tick appropriate authorities): <input type="checkbox"/> Collect the child from the education and care service <input type="checkbox"/> Consent to medical treatment and authorised to administration of medication. <input type="checkbox"/> Authorise an educator to take the child outside of the education and care services premises e.g. excursion.
Relationship to Child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	
<b>AUTHORISED NOMINEE/EMERGENCY CONTACT 3</b>	
Full Name:	This person is authorised to carry out the following responsibilities for my child/children (please tick appropriate authorities): <input type="checkbox"/> Collect the child from the education and care service <input type="checkbox"/> Consent to medical treatment and authorised to administration of medication. <input type="checkbox"/> Authorise an educator to take the child outside of the education and care services premises e.g. excursion.
Relationship to Child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	

Please ensure you have ticked the appropriate authorities for each of your nominated emergency contacts.

Parent /Carer 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent /Carer 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD DETAILS AND BOOKING FORM

HOW MANY CHILDREN ARE YOU ENROLLING? \_\_\_\_\_

PLEASE COMPLETE A SEPARATE CHILD DETAILS AND BOOKING FORM FOR EACH CHILD YOU WISH TO ENROLL

### CHILD

<b>First Name:</b>	<b>Date of Birth:</b>
<b>Surname:</b>	<b>Gender (Please circle): Male /Female</b>
<b>Child CRN:</b>	<b>Class/Grade:</b>
Cultural Background:	
Country of Birth:	
Language Spoken at Home (Other than English) Please specify	
Immunisation Status: <input type="checkbox"/> IMMUNISED (A CURRENT COPY OF YOUR CHILD'S IMMUNISATION STATUS IS REQUESTED) <input type="checkbox"/> NOT IMMUNISED	

**BOOKING REQUEST** (please indicate)  Casual Booking  Permanent Booking - Set days

Please tick for set permanent days	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BEFORE SCHOOL CARE					
AFTER SCHOOL CARE					

Vacation Care Program is under development. Families will be advised on progress during term 1.

### REASON FOR NEEDING CARE

Work/Study Commitments >15hrs/week  Looking for work  Disability /Carer with Disability /Family Reasons

### COURT ORDERS /ACCESS ORDERS

Are there any court/access orders in regards to the above mentioned child?

**Yes / No (Please Circle)**

If yes, it is a requirement that a copy of the order is provided to the service clearly summarising the relevant aspects the service needs to know.

### PHOTOGRAPHY

From time to time, staff will take photos of children to record important events and special activities as part of the program. These photos may be displayed for the children and families to see and may also be used for the purposes of programming and evaluation.

I consent to my child/children being photographed.

**Yes / No (Please Circle)**

I give permission for the **Bucasia OHSC** to use photos of my child for the purposes stated above.

### SUNSCREEN / INSECT REPELLANT

Part of our programmed activities requires children to participate outdoors. Our service follows Sunsafe procedures and we require the parent/guardian's permission to apply sunscreen when it is deemed necessary. Similarly, when the need arises insect repellent may be required to protect the children from insect bites.

Apply Sunscreen (child to apply)

**Yes / No (Please Circle)**

Apply Insect Repellent (child to apply)

**Yes / No (Please Circle)**

### HEAD LICE

I give the Coordinator or their appointed representative permission to check my child for head lice. **Yes / No (Please Circle)**

Children found with head lice will need to be collected. If permission is not given, and staff suspect that the child may have head lice, parents will be contacted and the child will need to be collected.

### CONSENT FOR CHILD TO VIEW PG RATED MOVIES

I consent for my child to watch PG (and below) rated movies when in Outside of School Hours Care program and Vacation Care program. **Yes / No (Please Circle)**

Note: (All movies have been viewed by a staff member - G rated movies are always available)

### 1. HEALTH/MEDICAL DETAILS

Does your child have any specific healthcare needs or medical conditions?  NO  YES

If yes, please provide details \_\_\_\_\_

Does your child require regular medication?  NO  YES

**A separate medication authority form is to be completed by the parent/guardian for regular and occasional medication. All medication is to be provided in the original packaging, is current and with the child's name and dosage.**

Does your child have any allergies?  NO  YES (If yes, please provide details below)

\_\_\_\_\_  MILD  SEVERE  ANAPHYLAXIS

**Please provide copy of any medical /allergy /anaphylaxis management plan relating to your child**

Does your child experience asthma?  NO  YES (If yes, please provide details below)

\_\_\_\_\_  MILD  SEVERE

**Please provide copy of any asthma management plan relating to your child**

Does your child have any specific dietary restrictions /requirements?  NO  YES

Does your child have any food intolerances or food allergies?  NO  YES

If yes, is the intolerance/allergy life threatening?  NO  YES

**Please provide details of any food intolerance/allergy management plans relating to your child**

## 2. MEDICAL PRACTITIONER DETAILS

Doctor 1 Name: \_\_\_\_\_ Surgery/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Family Medicare No: \_\_\_\_\_

## 3. SPECIAL CONSIDERATIONS

Does your child have any religious/cultural needs?  NO  YES

If yes, please provide details; \_\_\_\_\_

Is your child of Aboriginal or Torres Strait Islander descent?  NO  YES

Does your child have any special /additional needs?  NO  YES

If yes, please provide details \_\_\_\_\_

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***Please provide details of any Inclusion Support Plan relating to any additional needs relating to your child***

**4. BEHAVIOUR INFORMATION**

Does your child have a Positive Behaviour Support Plan?  NO  YES

Are there any particular behaviours that staff should be aware of and how these are best managed?  NO  YES

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Are there any identifiable triggers to the behaviour?  NO  YES

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***Please provide details of any Positive Behaviour Support plans relating to your child***

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## PARENTAL/GUARDIAN AGREEMENT

In consideration for enrolling my child/ren at Bucasia OHSC (referred to as the 'Service') I, the undersigned agree (please tick and initial each item as read and agreed upon):

1. To keep fees one week in advance at all times. I understand that if fees are not paid, my child/ren's continued enrolment at the Service cannot be guaranteed. I understand that accounts will be issued weekly and fees are payable upon receipt.
2. That the normal fee will be payable at all times for permanent bookings including absences of my child/ren for sickness and term time holidays (excluding public holidays where no fees are charged) in accordance with the Australian Government allowable absences provisions for Child Care Subsidy (CCS). The Service may discount the fee if the allowable absences have been reached.
3. On termination of my child/ren's enrolment at the Service, I will provide one week's notice or forfeit one week's fees, in lieu of notice. I am aware that if my child/ren does not attend during the notice period Child Care Subsidy (CCS) cannot be claimed and I will be required to pay full fees.
4. To sign at the kiosk when leaving and collecting my child/ren on arrival to/departure from the Service otherwise, under current legislation, CCS cannot be allocated to your account for any unsigned attendances/absences.
5. I will ensure my child/ren is/are collected by an authorised parent /nominee before the official Service closing time 6.00pm. Should I be late collecting my child/ren, I agree to pay the Late Collection Fee for each child (*amount to be advised*). I understand that recurrent late collection may result in cancellation of enrolment.
6. I understand that my child/ren are bound by the Service rules, policies and procedures as formulated by the Service during the period of my child/ren's enrolment. I understand that my child/ren will be under the care and the discipline of the staff of the service and agree to support their positive approaches to guiding children's behaviour. I understand that should my child's behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child.
7. To abide by the parent code of conduct and understand that unacceptable behaviour by parents may result in my refusal of access to the Service.
8. In the case of sudden illness or accident, I authorise the service to provide and seek medical attention, including but not limited to, ambulance attendance and administration of emergency medication (e.g. Ventolin or EpiPen), to protect my child/ren from harm. All associated costs for this medical attention will be the responsibility of the child's parent/guardian.
9. To keep my child away from the Service when suffering from an infectious or contagious illness or disease as identified in the Queensland Health "Time Out" recommendations.
10. To inform the Service staff of any absence of my child/ren, prior to the starting time of any session of care.
11. I understand that the Service has the right to refuse further attendance of children whose behavior is harmful to the property, facilities or environment of the Service, or to the property or person of the children and staff who attend the Service.
12. I understand that my child/ren cannot leave the Service with anyone other than the authorised parent/guardian or emergency contact person without prior arrangement with the Service.
13. I understand that the staff of the Service are free of all responsibility for lost property in connection with my child/ren's attendance.
14. I understand that staff will not administer medication unless it is prescribed and accompanied by a Medication Authorisation form. All medication must be in its original packaging, be labelled with the pharmacist's/medical practitioner's instructions and be within the expiry date.
15. I have read the Parent Handbook about the service and agree to abide by the policies, procedures and rules of the service to the best of my ability.
16. I understand all information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of Service provision to my child. I authorise the



Service to communicate and liaise with the School Principal about matters concerning the care of my child/ren.

17. To notify the Service, in writing, of any change in circumstances from the details as outlined in the enrolment form, including contact details and living arrangements of my child and/or parent/guardian.
18. I give permission for my child/ren to be taken on regular outings limited to areas within the school grounds and understand that a risk assessment has been done and is available for such outings.

## **DEBT RECOVERY ACKNOWLEDGEMENT STATEMENT**

1. I, the parent/guardian, agree that the information provided in this application is true and correct and can be relied upon by the Service.
2. I, the parent/guardian, agree to notify the Service immediately should there be any change in circumstances from the details as outlined in the enrolment form, including changes to living arrangements of the child and/or parent/guardian, within 7 days of the date of such a change.
3. I, the parent/guardian, agree to pay outstanding childcare fees and cancellation fees where applicable, together with all debt recovery expenses including, court costs, legal fees reasonably incurred by the Service.
4. In the case of a default of payment, I the parent/guardian, acknowledge that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to a collection agency for legal recovery action. I understand that an additional 25% will be added onto the fees owing to offset the fees and charges incurred in the collection process.
5. I understand that in the case of a default on payments for childcare fees, enrolment details may be listed on the National Default Registry for a period of six (6) months and thirty days or until paid. This information may be accessed by other care providers at the time of enrolment.
6. I, the parent/guardian, acknowledge that care may be refused in the case of a default.

### **PLEASE NOTE**

- Bookings that need to be cancelled/changed will still attract the normal session fee unless one week's notice has been received by the Service in which case your cancelled/changed sessions will be charged at the regular rate less applicable subsidies.
- Accounts are issued on a weekly basis and are payable a week in advance.
- Regular payment of your childcare fees is required to maintain a placement.
- Non-payment of fees may result in your child's enrolment being cancelled.
- Acceptance of enrolment is at the discretion of the service.

PARENT/GUARDIAN 1 NAME SIGNATURE	DATE / /
PARENT/GUARDIAN 2 NAME SIGNATURE	DATE / /