OUT OF SCHOOL HOURS CARE

OSHC Application Form

Name of student: ________________________________________________________________

RGGS Year Level:   P   1   2   3   4   5   6   7   8   9 (please circle)

Information collected on this form is covered by the School’s Privacy Policy. By completing this RGGS OSHC Application Form you agree to the collection and use of personal information by the School in processing your application and for School communications. This policy can be viewed at www.rggs.qld.edu.au.

SERVICE PHILOSOPHY
Rockhampton Girls Grammar School’s Out of School Hours Care Program is built upon the foundation of the following values for all activities, policies and procedures. Wherever there is uncertainty as to the program’s policy or procedure on any issue, Girls Grammar Out of School Hours Care uses these principles and philosophies to help resolve the issue. The written policies and procedures within the program have been developed, and will be monitored and reviewed with the following values in mind. The values which underpin the Girls Grammar Out of School Hours Care provision of a quality service are:

- Children’s physical, emotional and social needs are met in a safe, caring and supportive environment
- The best interests of the child are the paramount concern
- Girls Grammar Out of School Hours Care provides care in a way that -
  - Protects the child from harm
  - Respects the child’s dignity and privacy
  - Promotes the child’s wellbeing
  - Provides positive experiences to the child
  - Respects and believes that children have the right to have their individual and cultural identity recognised and respected and we value Australia’s Aboriginal and Torres Strait Islander cultures as a core part of the nation’s history, present and future
1. About your Child
Child’s Full Name________________________________________________________
Gender_______________________________________________________________
DOB___________________________________________________________________
Residential Address_________________________________________________________________________ Postcode_____________________

Language spoken at home:
Student □ English □ Other _________________________________________________
Mother □ English □ Other _____________________________________________________
Father □ English □ Other _____________________________________________________

Is the student of Aboriginal or Torres Strait Islander Origin? □ Yes □ No
If Yes, please tick □ Aboriginal □ Torres Strait Islander □ Both

Does your child have any Religious or Cultural requirements? □ Yes □ No
If Yes, please provide details.______________________________________________

Has your child attended a childcare setting before?____________________________________

Will your child attend another childcare service while attending here? □ Yes □ No
If so where and how often?_____________________________________________________

2. Child Care Benefit Information
CRN numbers are required if you wish to claim (CCB) Child Care Benefit or (CCR) Child Care Rebate at any given time. If this number is not submitted you are ineligible to claim until it is provided. These numbers can be obtained from Centrelink.

Child’s Centrelink Reference Number (CRN)__________________________________________
Mother’s Centrelink Reference Number (CRN)__________________________________________
Father’s Centrelink Reference Number (CRN)__________________________________________

Name and Date of Birth of parent claiming Child Care Benefit
Name_________________________________________________________________________
DOB_________________________________________________________________________

Numbers of children currently attending another child care service________________________

Names and DOB of siblings attending another centre or OSHC program
1)_________________________________________________________________________ DOB_____________________
2)_________________________________________________________________________ DOB_____________________
3)_________________________________________________________________________ DOB_____________________
4)_________________________________________________________________________ DOB_____________________
5)_________________________________________________________________________ DOB_____________________
3. Days and Times (Vacation Care) Required for your Child

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>After School</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Vacation Care Long/Short Day</td>
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</tr>
</tbody>
</table>

Is this a permanent or casual booking (please circle)

Proposed Start date: ________________________________________________

4. Parent/Guardians Information

**Parent/Guardian 1**
Title: Mr Miss Mrs Ms Dr
Given names________________________________________________________
Surname__________________________________________________________
DOB________________________________________________________________
Current Address____________________________________________________
State________________________________________________________________Postcode____________________
Home Number_______________________________________________________
Mobile Number_____________________________________________________
Work Number_______________________________________________________
Email Address______________________________________________________
Occupation________________________________________________________
☐ Full time ☐ Part time ☐ Other
Employer__________________________________________________________
Employer address___________________________________________________
State________________________________________________________________Postcode____________________
Country of birth___________________________________________________
Family Status: ☐ Married ☐ De Facto ☐ Divorced ☐ Separated ☐ Single

**Parent/Guardian 2**
Title: Mr Miss Mrs Ms Dr
Given names________________________________________________________
Surname__________________________________________________________
DOB________________________________________________________________
Current Address____________________________________________________
State________________________________________________________________Postcode____________________
Home Number_______________________________________________________
Mobile Number_____________________________________________________
Work Number_______________________________________________________
Email Address______________________________________________________
Occupation________________________________________________________
Full time □ Part time □ Other

Employer ________________________________

Employer address ___________________________________________

State ___________________________ Postcode __________________

Family Status: □ Married □ De Facto □ Divorced □ Separate □ Single

5. Family History

Place of the child in the Family ___________________________________________

Name of any siblings ___________________________________________________


Have there been any stresses in the family, which may have affected your child? (Eg. Divorce, separation, illness of parent or child/children, contact with child protection services, problems with other children in the family) □ Yes □ No

If you wish please comment ________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have any orders been made by any court regarding your child?
Yes□ No□
If yes please provide the following:
(Where applicable) Details of Parenting Order/ Residence Order/ Maintenance Order/ Specific Issues Order

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Enrolling Parent/s Initials

Please attach copies of relevant court forms or, documentation. While we are mindful of your child and families confidentiality, there may be details we need to discuss, particularly pertaining to authorisations and permissions. Please discuss any issues that might be relevant to the day-to-day care of your child with the Coordinator.

6. Medical Information

Name of Child’s Doctor ___________________________________________

Practice/Surgery Name ___________________________________________

Doctors Address __________________________________________________

Doctors Phone number ___________________________________________

Name of Child’s Dentist ___________________________________________

Practice/Surgery Name ___________________________________________
7. Immunisation Records
You are required to supply us with a copy of your child’s up to date immunisation records. I/We have provided the centre with a copy of these records ☐ Yes ☐ No

Please sign the following decleration if you have chosen NOT to have your child vaccinated:
I/We have chosen NOT to have my/our child vaccinated and understand that my/our child will be excluded for the prescribed period as advised by the Public Health Officer during an outbreak of vaccine preventable diseases at the centre and I/we understand that fees will still be payable.

Name __________________________________________________________
Signature_______________________________________________________
Date ____________________________________________________________

8. Special Needs
Has your child been diagnosed with a medical condition, specific difficulties or disabilities?
☐ Yes ☐ No
(If yes please specify)______________________________________________________________________________

Authorisation to collect / Emergency Contacts (Other than those already listed)
Persons authorised to collect child/children must be adults. Alternatively written authorisation must be provided for a person less than 18 years of age prior to that person collecting the child/children. Attach additional contacts as required.

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Signature:</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Contact Number:</td>
<td>Relationship to Child:</td>
</tr>
<tr>
<td>Full Name:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Contact Number:</td>
<td>Relationship to Child:</td>
</tr>
</tbody>
</table>
### Medical Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epileptic Fits</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Any form of mild fit</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Heart Abnormalities</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Asthma (please provide asthma plan in writing from Doctor)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Allergies - mild</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Allergies - severe</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Anaphylaxis – (please provide Anaphylaxis management plan in writing from Doctor)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Croup</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Kidney Problems</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Blood disorders</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Nose Bleeds</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Headaches</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Bed Wetting</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Sinusitis</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Travel Sickness</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Drug Reaction (e.g. Penicillin allergy)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Other information (hearing, sight defects etc.)</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

### Present Medications

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dose</th>
<th>When Taken</th>
<th>How Taken</th>
<th>Any Side Effects</th>
</tr>
</thead>
</table>

**NOTE:** Any medication needed during activity should be handed to the teachers before departure, with written details of student’s name, medication, dose etc.

### Immunisation

- Has the student received a completed course of Tetanus Toxoid immunization? Yes / No
- Date of last booster (Check details with doctor if uncertain)

Do you give permission for the OSHC staff to access the RGGS medical information?  
☐ Yes  ☐ No

Do you give permission for OSHC staff to give or obtain medical attention for your child?  
☐ Yes  ☐ No

*If you have answered YES to any of the above medical conditions, please contact the Coordinator for a Medical Management Plan, these forms must be completed before commencement of care.*

### Ointment, Creams and Applications

RGGS OSHC regularly provides Band-Aids/other wound treatments for minor wounds and abrasions. Please advise if your child is allergic to, or cannot use any brands. (Please include sunscreens, creams, Band-Aids and other wound treatments) and other applications.

<table>
<thead>
<tr>
<th>Product</th>
<th>Brand</th>
<th>Applied for</th>
</tr>
</thead>
</table>

Signature________________________________________________ Date_________________
Please note that all medications (including over the counter medications) must be in original packaging and be labelled with medical instructions from a medical practitioner/chemist in order to be administered by RGGS OSHC. These products must have been applied to the child on more than three occasions without incident.

9. Information to help us plan for your child
We believe that it is important for parents/guardians and children contribute towards the curriculum and program development. To do this we ask you and your child complete the following questions. All your comments and information will be used to help us tailor our curriculum and program to meet your child’s needs.

My child likes ____________________________________________________________
My child learns best when ________________________________________________
My child’s favourite outdoor activity include __________________________________
My child’s favourite indoor activities include __________________________________
Any other comments ______________________________________________________

10. Parental Consents
Child’s Name ____________________________________________________________
Name of consenting Parent or Guardian ______________________________________

Medical
Please Note: If your child should become ill during the day we will contact you immediately. Should your child develop a high temperature that continues to rise and you or your emergency contacts cannot be reached, it may become necessary to call an ambulance. If an ambulance is called, a staff member will accompany your child to hospital and a continued effort will be made to contact you and your emergency contacts.

Signature ________________________________ Date ____________________________

- Parents/Guardians will be responsible for the full payment of any costs incurred for transportation or treatment relating to any illness or injury relating to their child while attending OSHC.
- Any medical or hospital fee reasonably incurred by a member of our staff, on behalf of your child, will be recovered from the parent as a debt.

I/we hereby consent to the Coordinator of his/her designated representative, engaging the services of a Doctor, Dentist or Ambulance in an emergency in any emergency for our/my child.

If I cannot be contacted, I accept that the emergency service would be the closest hospital or Doctor.

Signature ________________________________ Date ____________________________

Excursions
I/we hereby consent to the Coordinator and/or members of staff escorting my/our child on walks or local expeditions outside the boundaries of the school grounds on such occasions, as the Coordinator shall decide. (Excursions requiring transportation will require individual parent permission forms to be signed prior to the excursion.) I understand that staff will notify me in writing prior to these excursions taking place.
Photographs
Our process of documentation uses digital media and it will be available to you on request. I/we give permission for my/our child’s name and/or photo to be used for displays and program documentation.

Signature_____________________________________________Date_______________________

Media
I/we give consent for an OSHC representative to photograph my child/myself. I/we agree and acknowledge that any and all copyright and other rights to any photographs of my child/myself shall be owned by RGGS OSHC. I also give my consent for RGGS OSHC to use photograph/s of my child/myself in their promotional material. In doing so, I acknowledge and agree that RGGS OSHC does not need to submit to me any promotional material. If signing this form on behalf of a child, I/we warrant that I am/are the parent or guardian of the below named child and have the authority to grant the above consents.

Signature_____________________________________________Date________________________

Fees
Bookings
RGGS OSHC requires all families to fill a booking sheet at the start of each term indicating the days and sessions that care is required. They should also indicate if it is a permanent or casual booking.

Vacation care and pupil free days will require a separate booking form to be completed and returned one week prior to care starting.

Cancellations and Non-attendance
I/we will notify the educators promptly if our child/children will not be attending. I/we am/are aware that permanent bookings in RGGS OSHC will be charged the normal session fee for any absences.

Exceptions may be made for parental holiday leave, long term illness if seven days notification is given. Emergency situations will be considered on individual cases.

Cancellation of casual care bookings: Fees will not be charged if the booking is cancelled prior to 2.00pm on the day of care. Cancellation after 2.00pm may result in the fee being charged.

Cancellation of vacation care booking: Fees will not be charged if notice is given by 8:30 am on the same day care was required. Allowable absences will be used for all other instances including vacation care cancellations.

Late pick up fee
RGGS OSHC has a late pick up fee for children picked up 6.00pm. This fee is in place as staffs aren’t paid over time. A fee of $1.00 per minute per family will be charge and is payable at the time of pick up for your child. Please advise if you are running late so we can set your child’s mind at ease and staff can make other arrangements if needed.

Signature_____________________________________________Date________________________
11. Consent Form and Declaration

In completing and signing this form, I/we understand and consent to the following arrangements

- RGGS OSHC will collect some information about my family and my child. Most information will be provided by me via the enrolment process. Some information will be provided by government departments or other agencies. Information collected from external sources will be checked with me to ensure it is correct.
- Some of the information collected may be health information about my/our child, which RGGS OSHC will handle with due care.
- Some information may be given to other organisations (such as government agencies), as required or authorised by law.
- During my/our child’s attendance at RGGS OSHC, I may want, or be offered, other services by RGGS OSHC. If this happens, I/we consent to relevant information being given to other RGGS staff so that they can assess my needs.
- I/we have viewed RGGS OSHC facilities and consent to processing to enrolling my child in the service.
- I/we agree to comply with all government requirements in relation to the centre and its services.
- I/we am/are aware that if I/we fail to pay the fees, any Child Care Benefit payable will be cancelled and I/we will become responsible of the total amount of fees.
- I/we am aware that a system of payment for late departures operates at the RGGS OSHC to cover overtime payments due to staff.
- I/we am aware that my/our child will be excluded from care at RGGS OSHC if he/she has contracted a contagious disease or condition. I/we understand that my/our child will be accepted back into care upon the provision of a ‘clearance certificate’ for my/our child from a medical practitioner.
- RGGS OSHC reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the interest of the centre. It agrees to give the parent responsible notice of its intention to exercise this right and will refund any payment in credit.

Name (Parent or Guardian) ____________________________________________________________

Signature___________________________________________ Date________________________

Witness Name ____________________________________________ Date_____________________

Signature___________________________________________ Date________________________

Declaration

I/We ________________________________________________________________

Hereby declare that all the information given is accurate and agree to abide by the conditions of the enrolment at Rockhampton Girls Grammar Out of School Hours Care.

Signature___________________________________________ Date________________________

Signature___________________________________________ Date________________________