

Yarranlea OSHC Enrolment Form



All correspondence will be made via email unless otherwise specified. Please select primary email address for the family?

Parent/Guardian 1 Parent/Guardian 2

Select days requested

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Before school care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After school care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Occasional care - Casual

Vacation Care – Separate Booking form required and available 4 weeks prior to term end.

To claim Child Care Subsidy, you must provide your Family Assistance Customer Reference Number (CRN) and correct name and date of birth for both the child enrolling and the parent/guardian claiming the subsidy.

Staff only:

Start date: / /

| | |
|--|--|
| Copy of Birth Certificate supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No | Immunisation records supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Health Action Plans supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Consent given: <input type="checkbox"/> Photo <input type="checkbox"/> Personal information |

Child

| | | |
|-------------------------------------|---|--------------------------------|
| Family name: | Given name(s): | Preferred name: |
| DOB: / / | Place of Birth: | Gender: |
| Address: | | Child's CRN: |
| Nationality: | Cultural background: | |
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Torres Strait Islander | <input type="checkbox"/> Other |
| Primary Language: | Language(s) spoken at home: | |
| Name of school attending: | Year at school: | |

| Nominated Emergency Contact 1 | | | Nominated Emergency Contact 2 | | |
|--|----|-----|---|----|-----|
| Name: | | | Name: | | |
| Relationship to child: | | | Relationship to child: | | |
| Address: | | | Address: | | |
| M: | W: | AH: | M: | W: | AH: |
| <p>I agree for this person to:</p> <p><input type="checkbox"/> Collect my child from the service. Whenever possible, I will give prior notice on the days this person will be collecting my child.</p> <p><input type="checkbox"/> Be contacted in the case of an emergency, injury, illness and to authorise medical treatment if parent/guardian is uncontactable</p> <p><input type="checkbox"/> Permit to transport child by ambulance</p> <p><input type="checkbox"/> Give consent for the administration of medication</p> <p><input type="checkbox"/> Give consent for staff to take my child to excursions outside of the centre premises.</p> | | | <p>I agree for this person to:</p> <p><input type="checkbox"/> Collect my child from the service. Whenever possible, I will give prior notice on the days this person will be collecting my child.</p> <p><input type="checkbox"/> Be contacted in the case of an emergency, injury, illness and to authorise medical treatment if parent/guardian is uncontactable.</p> <p><input type="checkbox"/> Permit to transport child by ambulance</p> <p><input type="checkbox"/> Give consent for the administration of medication</p> <p><input type="checkbox"/> Give consent for staff to take my child to excursions outside of the centre premises.</p> | | |

Immunisation

Has your child been immunised? No Yes It is up to date?

Please attach a copy of the approved documentation to the enrolment form. Refer to the Enrolment Policy.

Note: An Australian Childhood Immunisation Register (ACIR) Immunisation History Statement must be supplied.

Childhood Illnesses: (chickenpox, measles etc)

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Health background

Has your child been diagnosed at risk of anaphylaxis? No Yes

(Please list, including brief treatment summary. A Medical Action Plan which has been developed by a medical professional, and Risk Minimisation Plan will be required.)

Does your child have any allergies e.g. food, medication, animal, insects?

No Yes (Please list including brief treatment summary. A Medical Action plan, which has been developed by a medical professional, and Risk Minimisation Plan will be required.)

Does your child have any special dietary requirements or cultural requirements?

No Yes (Please provide details.)

Do you, or have you had concerns about your child's speech development, eye sight or hearing?

No Yes (Please provide details.)

Does your child have any health problems or medical condition that is being treated or monitored?

No Yes (Please list, including brief treatment summary. A Medical Action Plan and Risk Minimisation Plan will be required for asthma, diabetes, epilepsy, etc.)

Does your child have a disability or delay, including intellectual, sensory or physical impairment or additional needs?

No Yes (If a Diagnosed Medical Condition, please provide a Diagnosed Medical Report and speak with Coordinator. How does the disability affect your child? Please give details including mobility, toileting and communication.)

Medication

Does your child take any regular medication?

No Yes (Please provide details.)

(Only medication that has a chemist label with Name of Child, Name of Medication, Doctors Name, Dosage to be taken and date will be administered. Medical Permission Form to be completed.)

Personality

Does your child have any particular fears staff should be aware of?

No Yes *(please provide details)*

Please describe your child's special interests or favourite activities?

Family profile

Siblings

| | | | |
|-------|----------|-------|----------|
| Name: | DOB: / / | Name: | DOB: / / |
| Name: | DOB: / / | Name: | DOB: / / |

Other significant household members

| | |
|------------------------|------------------------|
| Name: | Name: |
| Relationship to child: | Relationship to child: |

Professional skills or interests which you may be able to share with the Centre

| | |
|----------------------|-------------------|
| Skills: | Special training: |
| Creative activities: | Other: |

Special days/events celebrated *(please list)*

What are you hoping your child will gain from their experiences while at Outside School Hours Care?

Please list any special considerations, cultural, religious or dietary preferences, or additional needs of which our staff should be aware:

Authorisation (please sign below)

I authorise the staff at – Yarranlea OSHC, to:

- Seek urgent medical treatment from a registered medical practitioner, dental service, hospital or ambulance service
- Carry out urgent medical treatment.
- Release my child to the care of medical or emergency services if deemed necessary
- Transport the child by ambulance if deemed necessary
- I understand any cost will be borne by the parent/guardian.
- I authorise the staff to apply sunscreen as required and as per the Sun Protection Policy.
- I authorise the staff to apply Insect repellent to my child when necessary.
- I understand that staff will administer an EpiPen once and in accordance with the Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy, the Medication Policy and the Education and Care Services National Regulations in the event that my child has an anaphylaxis emergency while at the centre.

I understand that all attempts will be made to contact parents as soon as practicable and that an ambulance will be called.

- I understand that staff will administer asthma reliever medication in accordance with the Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy, the Medications Policy and the Education and Care services National Regulations in the event that my child has an asthma or anaphylaxis emergency while at the centre.

I understand that all attempts will be made to contact parents as soon as practicable and that an ambulance will be called.

- I give permission/do not give permission (please circle) for my child to participate in short walks/excursions, planned as part of Yarranlea OSHC program, from school by foot within the Griffith University grounds. A separate permission form will be given for any excursion requiring vehicle transport/swimming or that are off the University grounds.

- I give permission for **staff to take photographs** of my child for use in the following:
(please select agreed points):

- My Child's Observations/Portfolio
- Other Children's Observations/Portfolios (i.e. group shots)
- Display within the Service
- Display in the Service publication
- Use in program documentation sent to families via email

- I authorise Yarranlea OSHC to use photographs, video footage or sound recording of the student in Yarranlea OSHC publications, productions, presentations or media. This includes electronic media. This consent form can also be used by staff, volunteers and other community members, or their children, when they are involved in school activities which may be photographed or recorded.

Photographs and/or video recordings and/or audio recordings, or other personal information described in this form may be supplied to contractors or service providers engaged by Yarranlea OSHC to develop or produce publications, advertising or promotional materials, but will not be provided to any other person or organisation for purposes other than Yarranlea OSHC publications, advertising or promotions. Whenever possible, Yarranlea OSHC will remain sensitive to and understanding of cultural, family and personal sensitivities.

- I understand that no personal information, such as names, will be used in any publications unless express consent is given.
- I understand that I am only allowed to photograph my own child while on the centre premises. I also understand that group photographs/media taken of groups of children, by service staff, at special events (e.g. Christmas parties etc.) and photos included in the children's documentation are not to be distributed to other people.
- I have read and understood the Notification of the Collection of Personal Information.
- I give consent to Yarranlea OSHC to collect and use my personal and sensitive information as described on the Notification of the Collection of Personal Information.
- I certify that the information contained in this enrolment form is correct. I will immediately inform the Coordinator of any changes to this information.
- I agree to pay all fees that I incur, keeping them up to date at all times. I understand that failure to do so may incur an administration cost. I will speak with the coordinator immediately if I have any issues in regard to the payment of fees.
- I have read, understood and agree to abide by Yarranlea OSHC information, policies and procedures.

.....
Parent/Guardian name

.....
Signature

.....
Date

Office use only:

Application complete and entered into the centre's system (tick)

Date entered: / /

YARRANLEA MOBILE PHONE/DEVICE USAGE PERMISSION FORM



NAME OF CHILD _____

Rationale

The increased ownership of mobile phones/devices requires that Yarranlea OSHC administrators, teachers, students and parents take steps to ensure that mobile phones are used responsibly. While it is acknowledged that providing a child with a mobile phone gives parents reassurance that their child can contact them in emergency situations or in risk situations involving personal security and safety, this does not apply during the Yarranlea OSHC when students have access to OSHC phones and personnel.

Yarranlea OSHC allows the use of mobile phones in limited circumstances outlined below, while emphasising that in most circumstances' students will not need phones as they can access OSHC phones and OSHC personnel if they need to communicate outside of the OSHC.

Acceptable Use

1. The use of mobile phones during class time is not acceptable under any circumstances.
2. Mobile phones should be switched off at all times while students are in class.
3. Students should be aware that phones ringing during lesson time are likely to be confiscated for the rest of the day and permission to have the phone at Yarranlea OSHC may be revoked. Parents are reminded that in the case of emergency the Yarranlea OSHC phone/email remains a vital and appropriate point of contact.
4. While on Yarranlea OSHC premises or Yarranlea OSHC related activities, where permission has been given to carry mobile phones, students should use soundless features such as text messaging, answering services, call diversion and vibration alert to receive important calls.
5. It should be noted that it is a criminal offence to use mobile phones to menace, harass or offend another person. Students who use their phones to engage in personal attacks, harass another person, or post private information about another person using SMS messages, taking or sending photos or objectionable images or bullying other students, or who use vulgar, derogatory or obscene language while using a mobile phone will have their phones confiscated for a period decided by the Educational Leader, and their right to have a phone at Yarranlea OSHC will be revoked. Students should note that, in extreme cases, Yarranlea OSHC may consider it appropriate to involve the police.
6. Any student/s caught using a mobile phone to cheat in exams or assessments will face disciplinary action as sanctioned by the Educational Leader, which is likely to include the loss of all marks for the examination or assessment item, as well as the right to bring a phone to Yarranlea OSHC.

Security

1. Students are responsible for the security of their mobile phones.
2. Yarranlea OSHC accepts no responsibility for replacing lost, stolen or damaged mobile phones.
3. Yarranlea OSHC accepts no responsibility for the loss of mobile phones stolen while travelling to and from Yarranlea OSHC.
4. Phones should be clearly marked with the name of the owner.
5. Phones should be kept in a secure place at all times during Yarranlea OSHC hours; students are advised to keep them well concealed and not 'advertise' they have them.
6. It is strongly advised that students use passwords/pin numbers to ensure that unauthorised phone calls cannot be made on their phones. Students should keep their passwords/pin numbers confidential.
7. Mobile phones which are found in Yarranlea OSHC and whose owners cannot be located should be handed to the Educational Leader.

Responsibilities

1. It is the responsibility of students who bring mobile phones onto Yarranlea OSHC premises to adhere to the guidelines outlined in this document.
2. The decision to provide a mobile phone to their children should be made by parents or guardians and parents should be aware if their child takes a mobile phone onto Yarranlea OSHC premises.
3. Permission to have a mobile phone at Yarranlea OSHC/while under the Yarranlea OSHC's supervision is contingent upon parents/guardians applying to the Yarranlea OSHC Educational Leader who will require a signed copy of this policy to be returned to the Yarranlea OSHC.

Parent Signature

Date

Acceptable Computer/Internet Usage Form –
Child Agreement



NAME OF Student: _____

I understand that the Internet can connect me to a very useful information store from around the world.

While I have access to the Internet:

- I will use it only for educational purposes.
- I will not look for, nor send, anything that is illegal, dangerous or offensive.

If I accidentally come across something that is illegal, dangerous or offensive, I will:

- clear any offensive pictures from my screen and
- immediately and quietly inform my teacher

I **will not** reveal home addresses, phone numbers or email addresses - mine or anyone else's.

I **will not** use the Internet to annoy or offend anyone.

I **will not** arrange to meet with anyone who I have made contact with through the Internet.

I **will** treat all computer resources at the school with care and respect.

I understand that if the school decides that I have broken these rules, **consequences will occur**. This may include a loss of my school Computer and Internet Access privileges.

Signed by Student

Date