



Rockhampton Girls Grammar School

Est 1892

OUT OF SCHOOL HOURS CARE APPLICATION FORM

"I like to do my homework at afterschool care because I find it makes it much more fun than doing it at home. I also love going outside and playing and playing on all the activities. I find everything more fun at after school care." Halima

The vision at Rockhampton Girls Grammar Outside School Hours Care is to offer a program that is child focused whilst providing quality care in a safe, caring and stimulating environment that fosters all aspects of the girl's development.

Rockhampton Girls Grammar Outside School Hours Care is open to any student enrolled at the school, from Prep to Year 9. Our service only provides care to Rockhampton Girls Grammar students and children of staff employed in various roles throughout the school.

A meaningful weekly program is developed at Rockhampton Girls Grammar Outside School Hours Care which incorporates the value of play whilst still meeting the day to day requirements of school life (such as homework) and the outcomes developed in My Time, Our Place – Framework for School Age Care in Australia. Outcomes in this framework are designed to capture the complex well-being, development and learning of all children. Constant reflection on the key outcomes of the framework allows our service to optimise the well-being and capabilities of our girls while also supporting the value of the school and the community.

It is our belief at Rockhampton Girls Grammar Outside School Hours Care that each individual girl has the right to receive an exceptional standard of care, from educators who take the time to interact with them in a positive manner, listen to, respect and value them and their thoughts, ideas and opinions.

Educators at Rockhampton Girls Grammar Outside School Hours Care value and accept that each girl has her own unique skills and qualities. We use this knowledge to enhance the level of care offered to every child, whilst combining their own skills and knowledge with those of the educators to develop experiences that exceed everyone's expectation.

Parents are valued and seen as a fundamental part of our service and strong bonds between the girls, parents and educators are crucial in creating 'our community'. Through our program we strive to develop and increase interactions with all parties by providing a welcoming environment where feedback is offered on a daily basis. Open discussions are welcomed and encouraged with all on issues relevant to the service's operation.

Strong links within the community and a greater understanding of how things work within this community, are created, encouraged and nurtured by allowing children access to different experiences outside those of their day to day lives.

STUDENT NAME: _____

Date of Birth: _____

Individual Child Reference Number (CRN): _____

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. _____

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

PARENT/GUARDIANS INFORMATION:

Parent/Guardian (1):

Title: Mr. Miss Mrs. Ms. Dr.

Given Names: _____

Surname: _____

Date of Birth: _____

Country of birth: _____

Address: _____

Home Phone: _____

Mobile Number: _____

Work Number: _____

Email Address: _____

Occupation: _____

Employer: _____

Employers Address: _____

Employment Status:

Fulltime

Part-time

Self Employed

Individual Reference Number (CRN): _____

Parent/Guardian 2:

Title: Mr. Miss Mrs. Ms. Dr
Given Names: _____
Surname: _____
Date of Birth: _____
Country of birth: _____
Address: _____

Home Phone: _____
Mobile Number: _____
Work Number: _____
Email Address: _____
Occupation: _____
Employer: _____
Employers Address: _____

Employment Status:

- Fulltime Part-time Self Employed

Individual Reference Number (CRN): _____

DETAILS OF PARENT/GUARDIAN CLAIMING THE CHILD CARE BENEFIT (CCB):

Name: _____
Date of birth: _____

LANGUAGE/S SPOKEN AT HOME:

Mother	<input type="checkbox"/>	English	<input type="checkbox"/>	Other
Father	<input type="checkbox"/>	English	<input type="checkbox"/>	Other
Daughter	<input type="checkbox"/>	English	<input type="checkbox"/>	Other

IMPORTANT INFORMATION REGARDING THE CHILD CARE BENEFIT:

CRN details are required for all children and yourself if you wish to claim (CCB) Child Care Benefit or (CCR) Child Care Rebate at any given time. If these number are not submitted, you are ineligible to claim until it is provided. These numbers can be obtained from Centrelink. It is your responsibility to supply this information to the service.

DAYS REQUIRED FOR AFTER SCHOOL CARE:

Proposed Start date:

Is this a permanent or casual booking (please circle): Permanent / Casual

	Monday	Tuesday	Wednesday	Thursday	Friday
After School					

FAMILY HISTORY:

Place of the child in the family: _____

Name of any siblings: _____

Has your child attended a childcare setting before? Yes No

Will your child attend another childcare service while attending here? Yes No

If so where and how often?

Numbers of children (if any) currently attending another child care service?

Names and date of birth of any siblings attending another centre or OSHC program:

1) _____ DOB _____

2) _____ DOB _____

3) _____ DOB _____

4) _____ DOB _____

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

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

Please attach copies of relevant court forms or, documentation. Whilst 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.

MEDICAL INFORMATION:

Name of child's doctor:	
Practice/Surgery name:	
Practice/Surgery address:	
Practice/Surgery phone number:	

Name of Child's Dentist:	
Practice/Surgery name:	
Practice/Surgery address:	
Practice/Surgery phone number:	

Medicare Number:	
------------------	--

Name of Private Health Insurer:	
Policy Number:	

Medical Conditions		
Epileptic Fits	Yes / No	
Any form of mild fit	Yes / No	
Heart Abnormalities	Yes / No	
Asthma (please provide asthma plan in writing from Doctor)	Yes / No	
Allergies - mild	Yes / No	
Allergies - severe (please provide full details i.e. reaction/treatment))	Yes / No	

Anaphylaxis –(please provide Anaphylaxis management plan in writing from Doctor)	Yes/No	
Croup	Yes / No	
Diabetes	Yes / No	
Kidney Problems	Yes / No	
Blood disorders	Yes / No	
Nose Bleeds	Yes / No	
Headaches	Yes / No	
Bed Wetting	Yes / No	
Sinusitis	Yes / No	
Travel Sickness	Yes / No	
Drug Reaction (e.g. Penicillin allergy)	Yes / No	
Other information (hearing, sight defects etc.)	Yes / No	

Present Medications				
Medication Name	Dose	When Taken	How Taken	Any Side Effects

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

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.

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

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

OINTMENT, CREAMS AND APPLICATIONS:

Rockhampton Girls Grammar 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.

Product	Brand	Reason for Application

Parent/guardian name:	
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 Rockhampton Girls Grammar OSHC. These products must have been applied to the child on more than three occasions without incident.

MEDICAL CONSENT:

- 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.

Parent/guardian name:	
Signature:	
Date:	

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.*

IMMUNISATION RECORDS:

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

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 deceleration 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.

Parent/guardian name:	
Signature:	
Date:	

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:

Persons authorised to collect children from the service must be over the age of 18 years. Please provide details of any adult you wish to be allowed to pick up your children from the service.

Full Name:	Signature:
Address:	
Contact Number:	Relationship to Child:

Full Name:	Signature:
Address:	
Contact Number:	Relationship to Child:

Full Name:	Signature:
Address:	
Contact Number:	Relationship to Child:

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.

Parent/guardian name:	
Signature:	
Date:	

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.

Parent/guardian name:	
Signature:	
Date:	

MEDIA:

I/we give consent for a Rockhampton Girls Grammar OSHC representative to take photographs or recordings of my child/children.

I/we agree and acknowledge that any and all copyright and other rights to any photographs or recordings of my child/children shall be owned by Rockhampton Girls Grammar OSHC.

I/we also give my/our consent for Rockhampton Girls Grammar OSHC to use photographs or recordings of my/our child/children in any promotional material.

Parent/guardian name:	
Signature:	
Date:	

FEES:

Bookings:

Rockhampton Girls Grammar OSHC requires all families to fill a booking sheet at the start of each term indicating the days and sessions in which care is required. Parents should also indicate if it is going to be 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 Rockhampton Girls Grammar 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.

Parent/guardian name:	
Signature:	
Date:	

Late pick up fee:

Rockhampton Girls Grammar OSHC has a late pick up fee for children picked up after our closure time of 6.00pm. A fee of \$1.00 per minute per family will be charge will be charged to your account. Please ensure that you advise staff if you are running late so we can set your child’s mind at ease that you are on your way.

Parent/guardian name:	
Signature:	
Date:	

CONSENT FORM AND DECLARATION:

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

- Rockhampton Girls Grammar OSHC may gather information about my family and my child. Most of this information will be provided by me via the enrolment process. Some of this information may be provided by government departments or other agencies. Information collected from external sources will be checked with myself to ensure it is correct and accurate.

- Information collected may be in regards to the health about my/our child, which Rockhampton Girls Grammar OSHC will handle with due care.
- Information may be given to other organisations (such as government agencies), as required or authorised by law.
- During my/our child’s attendance at Rockhampton Girls Grammar OSHC, I may want, or be offered, other services by Rockhampton Girls Grammar 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 Rockhampton Girls Grammar 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 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 my/our child will be excluded from care at Rockhampton Girls Grammar OSHC if 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’s from a medical practitioner.
- Rockhampton Girls Grammar 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, the service agrees to give the parent/s reasonable notice of its intention to exercise this right and will refund any payment in credit.

Parent/guardian name:	
Signature:	
Date:	

Witness name:	
Signature:	
Date:	

Information collected on this form is covered by the School’s Privacy Policy. By completing this Rockhampton Girls Grammar 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.