



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.

Thank you for choosing Rockhampton Girls Grammar Outside School Hours Care for your child care needs. We look forward to supporting your family by providing education and care in a safe and fun environment.

To assist us in placing your child/ren, we ask that you fully complete the Enrolment Forms and forward them to us with all the information that is required in the below checklist. This form is to be completed in full on initial enrolment with the Service, and a re-enrolment form is to be completed every following year to ensure our records are up-to-date and compliant.

Please ensure you have included copies of the following documents:

- Health records showing immunisation status;

Please ensure you have included copies of the following documents (if required):

- Additional Child Enrolment Forms (if enrolling more than one child);
- Medical action plans (if your child has an allergy or intolerance);
- Documents regarding custody;
- Documents regarding additional needs or diagnosed disability.

## STUDENT DETAILS

Childs Name:			
Name child is known by:			
Childs Date of Birth:			
Primary Language Spoken:			
Does your family observe any particular religious or cultural practices that are significant to your child?			
Do you celebrate any cultural/religious traditions? How do you celebrate these traditions?			
What 'family' traditions do you celebrate together? (e.g. Dinner at grandmas every Sunday, camping on long weekends.			
Individual Child Reference Number (CRN):			
Medicare Number:		Expiry Date:	
Name of Private Health Insurer:		Policy Number:	
Cultural background (please circle):	Identify as Aboriginal	Identify as South Sea Islander	
	Identify as Torres Strait Islander	Other:	
Does your child have any religious or cultural requirements?	YES	NO	

If you answered <b>“yes”</b> to the above question, please provide details:	
Please provide some information about your child's interest or special skills:	
Please provide some information about what you hope your child will achieve from attending Outside School Hours Care.	
What 'family' traditions do you celebrate together? (example: Dinner at Grandmas every Sunday, camping on long weekends).	

**PARENT/GUARDIANS DETAILS**

**Parent/Guardian (1):**

Title	Mr.	Mrs.	Miss	Ms.	Dr.
Name					
Date of Birth					
Individual Reference Number (CRN)					
Medicare Number					
Name of Private Health Insurer			Policy Number		
Country of birth					
Residential Address					
Home Phone Number					
Mobile Phone Number					
Email Address					
Occupation					
Employment Status	Full Time	Part Time	Self Employed	Unemployed	
Employer					
Employers Address					
Work Phone Number					

**Parent/Guardian (2):**

Title	Mr.	Mrs.	Miss	Ms.	Dr.
Name					
Date of Birth					
Individual Reference Number (CRN)					
Medicare Number					
Name of Private Health Insurer			Policy Number		
Country of birth					
Residential Address					
Home Phone Number					
Mobile Phone Number					
Email Address					
Occupation					
Employment Status	Full Time	Part Time	Self Employed	Unemployed	
Employer					
Employers Address					
Work Phone Number					

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

Name	
Date of Birth	

**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.*

**FAMILY HISTORY**

Place of the child in the family.		
Name of any siblings.		
Has your child attended a childcare setting before?	YES	NO
Have there been any stresses in the family, which may have affected your child? <i>Example divorce, separation, illness of parent or child/children, contact with child protection Services, problems with other children in the family.</i>	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 family's confidentiality, there may be details we need to discuss, particularly pertaining to authorisations and permissions and discuss any issues that might be relevant to the day-to-day care of your child with the Service Coordinator.

### MEDICAL INFORMATION AND AUTHORISITATIONS

#### General Practitioner:

Name	
Practice/Surgery name	
Practice/Surgery address	
Practice/Surgery phone number	

#### Dentist Details:

Name	
Practice/Surgery name	
Practice/Surgery address	
Practice/Surgery phone number	

#### Medical Conditions:

Epileptic Fits	YES	NO	<i>Further information:</i>
Any Form of Mild Fit	YES	NO	<i>Further information:</i>
Heart Abnormalities	YES	NO	<i>Further information:</i>
Asthma (please provide asthma plan in writing from Doctor)	YES	NO	<i>Further information:</i>
Allergies - Mild	YES	NO	<i>Further information:</i>
Allergies - Severe (please provide full details i.e. reaction/treatment))	YES	NO	<i>Further information:</i>
Anaphylaxis – (please provide Anaphylaxis management plan in writing from Doctor)	YES	NO	<i>Further information:</i>
Croup	YES	NO	<i>Further information:</i>
Diabetes	YES	NO	<i>Further information:</i>
Kidney Problems	YES	NO	<i>Further information:</i>

Blood Disorders	YES	NO	<i>Further information:</i>
Nose Bleeds	YES	NO	<i>Further information:</i>
Headaches	YES	NO	<i>Further information:</i>
Bed Wetting	YES	NO	<i>Further information:</i>
Sinusitis	YES	NO	<i>Further information:</i>
Travel Sickness	YES	NO	<i>Further information:</i>
Drug Reaction (e.g. Penicillin allergy)	YES	NO	<i>Further information:</i>
Other information (hearing, sight defects etc.)	YES	NO	<i>Further information:</i>

**PRESENT MEDICATIONS TAKEN**

Medication Name	Dosage	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.

**SPECIAL NEEDS**

Has your child been diagnosed with a medical condition, specific difficulties or disabilities?      YES      NO

If you answered "yes" to the above question, please specify

**PLEASE NOTE:** 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**

Rockhampton Girls Grammar OUTSIDE SCHOOL HOURS CARE regularly provides Band-Aids and 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

**IMPORTANT INFORMATION:** All medications (including over the counter medications) must be supplied in original packaging and labelled with medical instructions from a medical practitioner/chemist in order to be administered by staff at Rockhampton Girls Grammar OUTSIDE SCHOOL HOURS CARE.

Parent/Guardian Name		
Signature		Date:

## IMMUNISATION RECORDS

IMMUNISATION		
A copy of all immunization records has been provided with this application. <b>Note:</b> You are required to supply us with a copy of your child's up to date immunization records.	YES	NO
Has the student received a completed course of Tetanus Toxoid immunization?	YES	NO
Date of last booster (Check details with doctor if uncertain):		

**IMPORTANT INFORMATION:** You **MUST** sign the below declaration if you have chosen **NOT** to have your child vaccinated.

I have chosen **NOT** to have my child vaccinated and understand that my child will be excluded for any prescribed period as advised by the Public Health Officer during an outbreak of vaccine preventable diseases at the Service and I understand that fees will still be payable during these exclusion periods.

Parent/Guardian Name		
Signature		Date:

## AUTHORISED NOMINEE/ EMERGENCY CONTACTS

(See section 170(5) of the Law and sections 160, 161, 102 and 99 of the Regulations).

### Authorised Nominee/Emergency Contact (1):

Full Name:			Relationship to child:		
Contact Phone Numbers:	Home:		Work:		Mobile:
Residential Address:					
This person is authorised to carry out the following responsibilities for my child (please circle appropriate authorities):	Consent to medical treatment/authorise administration of medication.	Authorise an educator to take the child outside the education and care services premises.	Deliver or collect the child to/from the education and care Service and authorisation for Qikkids Kiosk.		
Signature of authorised person:					

### Authorised Nominee/Emergency Contact (2):

Full Name:			Relationship to child:		
Contact Phone Numbers:	Home:		Work:		Mobile:
Residential Address:					
This person is authorised to carry out the following responsibilities for my child (please circle appropriate authorities):	Consent to medical treatment/authorise administration of medication.	Authorise an educator to take the child outside the education and care services premises.	Deliver or collect the child to/from the education and care Service and authorisation for Qikkids Kiosk.		
Signature of authorised person:					

**Authorised Nominee/Emergency Contact (3):**

Full Name:			Relationship to child:		
Contact Phone Numbers:	Home:	Work:		Mobile:	
Residential Address:					
This person is authorised to carry out the following responsibilities for my child (please circle appropriate authorities):	Consent to medical treatment/authorise administration of medication.	Authorise an educator to take the child outside the education and care services premises.	Deliver or collect the child to/from the education and care Service and authorisation for Qikkids Kiosk.		
Signature of authorised person:					

**Authorised Nominee/Emergency Contact (4):**

Full Name:			Relationship to child:		
Contact Phone Numbers:	Home:	Work:		Mobile:	
Residential Address:					
This person is authorised to carry out the following responsibilities for my child (please circle appropriate authorities):	Consent to medical treatment/authorise administration of medication.	Authorise an educator to take the child outside the education and care services premises.	Deliver or collect the child to/from the education and care Service and authorisation for Qikkids Kiosk.		
Signature of authorised person:					

**CONSENT FORM AND DECLARATION**

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

- That as part of the Rockhampton Girls Grammar School Outside School Hours Care Program participants will be making regular visits to various locations within the school grounds as well as occasionally venturing out into the wider community. These outings will not require any additional adult supervision and will be undertaken in compliance with the Education and Care Services Regulations, Act and Service Policies. And that my child/children shall be subject to the supervision of staff members in charge of these regular outings.
- That my child/children may receive medical/surgical treatment or ambulance transportation if deemed necessary by the Educational Leader in charge.
- That excursions will require individual “*parent permission forms*” to be signed prior to the excursion taking place and that staff will notify me prior to these excursions taking place to obtain my permission.
- That Rockhampton Girls Grammar Outside School Hours Care representatives may take photographs or recordings of my child/children during their time in care. The Service’s process of documentation uses digital media and should I request it, this documentation will be made available to me to view. Students names and/or images may be used for displays, promotional material and program documentation at times by the Service. Any and all copyright and other rights to photographs or recordings of my child/children shall be owned by Rockhampton Girls Grammar Outside School Hours Care.
- That any medical or hospital fee reasonably incurred by a member of staff at Rockhampton Girls Grammar Outside School Hours Care on behalf of my child/children, will be recovered from me as a debt. Should it be



deemed necessary in the event of an emergency the *Educational Leader* in charge will engage the services of a Doctor, Dentist or Ambulance transportation for my child/children.

- That if my child/children should become ill during the day while in care, The Service will contact me immediately. In the event however, that my child/children develop a high temperature, and staff are unable to contact me, staff can administer Panadol to lower the temperature. Should my child/children develop a high temperature that continues to rise and I or my emergency contacts cannot be reached, and staff deem that immediate medical treatment is required an ambulance may be called. If an ambulance is called, a staff member will accompany my child/children to hospital and a continued effort will be made to contact me and my emergency contacts.
- That Rockhampton Girls Grammar Outside School Hours Care requires all families to fill in a booking sheet at the start of each term, indicating the days and sessions in which care is required and whether it is going to be a permanent or casual booking. While vacation care and pupil free days will require a separate booking form to be completed and returned one week prior to care starting.
- That I will notify the staff promptly if my child/children will not be attending any booked sessions.
- That Rockhampton Girls Grammar Outside School Hours Care has a late pick up fee for children picked up after the Service closure times of 6.00pm (term time) and 5:30pm (vacation care time). A fee of \$1.00 per child per minute will be charged to my account.
- That if I fail to pay any relevant fees, any Child Care Benefit payable will be cancelled and I will become responsible of the total amount of fees.
- That I have viewed Rockhampton Girls Grammar Outside School Hours Care facilities and consent to processing with enrolling my child/children into the Service.
- That my child/children will be excluded from care at Rockhampton Girls Grammar Outside School Hours Care if they have contracted a contagious disease or condition. I understand that my child/children will only be accepted back into care, upon the provision of a 'clearance certificate' from my child/children's medical practitioner.
- That Rockhampton Girls Grammar Outside School Hours Care reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the interest of the Service. The Service agrees to give the parent/s reasonable notice of its intention to exercise this right and will refund any payment in credit.
- That Rockhampton Girls Grammar Outside School Hours Care may gather information about my family and my child/children and that most of this information will be provided by myself during the enrolment process, while some of this information may be provided by government departments or other agencies. Any information collected from external sources will be checked with myself to ensure it is correct and accurate.
- That any information collected by Rockhampton Girls Grammar Outside School Hours Care will be handled with due care.
- That information may be given to other organisations (such as government agencies), as required or authorised by law.
- That information collected on this form is covered by the School's Privacy Policy. By completing this Rockhampton Girls Grammar Outside School Hours Care Application Form, I agree to the collection and use of personal information by the Service in processing my application. This policy can be viewed at [www.rggs.qld.edu.au](http://www.rggs.qld.edu.au)

Parent/Guardian Name		
Signature		Date:

