

Family Enrolment & Agreement Pack



Yeronga Outside School Hours Care Family Enrolment and Agreement Package

The Committee and staff of the Yeronga Outside School Hours Care (YOSHC) would like to welcome parents, children, families and visitors to our service. Our service is sponsored and supported by Yeronga State School Parents and Citizens Association, and is an active part of the Yeronga State School community.

Outside School Hours Care is designed to provide Before, After and Holiday Care from a child's first day of school until the last day of holiday care in their final year of grade 7. We fully support working parents and work with them to make our Service a place that children enjoy attending. All children are special and they require staff that will listen, help and spend time with them supporting their physical and emotional growth.

Our Service is licensed by the State Department of Education, Training and Employment. Our Service abides by the Education and Care Services National Law and the Education and Care Services National Regulations. YOSHC is yet to be assessed under the national quality framework which was introduced nationally in January 2012. Assessments are currently being processed throughout Australia and remains an ongoing process. YOSHC endeavours to keep families informed of progress as we become informed.

We hope that you find this information package helpful and informative

vve	nope that you lind this in	iormation package neipiui an	id informative.	
Plea	se use this checklist belo	ow to ensure you have receiv	ed and completed the relevan	nt information.
	 Yeronga OSHC Police I have discussed with the service. I am satisfied the had. I understand that if 	olment and Agreement Pack cies and Procedures (available Nominated Supervisor or a lat the consultation process at have any further questions	le at YOSHC HQ or via the we an Administrator my child's er allowed me to express any co	nrolment and attendance at the ncerns or voice any questions I am able to
	I understand it is my res	ponsibility as parent/guardiar fees until they receive confire	n to apply for Child Care Subs	sidy, and the Service will not be Subsidy System (CCSS) which
			HC Policy and Procedure Mar	nual (available for all parents at . <u>yoshc.com</u>).
		nrolment and Agreement Pace immediately if information o		f my knowledge. I understand I
Pare	ent/Guardian Name:			<u>.</u>
Sign	ed:		//	/
Ser	vice Use Only			
Date	Completed Enrolment Form re	turned:///		
	CRN's received and entered Auth to collect, medical,	CCCS rolls started Security Q & A entered in	Immunisation record received Child info added to arvo	Court Order received and staff notified if applicable Family email added to
	excursion, emergency ticked	child notes	update sheet if needed	address book
	Interview requested re. cultural beliefs	Child added to class list if in prep, grade1 or grade2	Nationality; Language info entered	Photo permission entered
	Action Plan received if child has Asthma or Allergy	Action Plan laminated & added to noticeboard	Enrolment and Administration Fee charged	Medical/allergy/asthma plan needs to be formulated



Enrolment and Agreement Form

Family surname:			School Attending:					
	Children's Details e write siblings details as well (if attending another nildcare centre) in this section. For Centrelink)	DOB & Class		Sex	CRN = Customer Reference Number This info is required to claim the Child Care Subsidy (CCS)			
1.	Childs name:	/ /			CRN:			
	Preferred Name:	Class:		MF	Nationality:			
2.	Childs name:	/	/	N4 F	CRN:			
	Preferred Name:	Class:		M F	Nationality:			
2	Childs name:	/	/	M F	CRN:			
3.	Preferred Name:	Class:			Nationality:			
	Name:		Date	of Birth:	/ / (centrelink requirement)			
	Family / Parent CRN (Customer Reference Number):							
to)	Relationship to Child:							
nked	Nationality: Language/s Spoken:							
dian k is li	Home Phone: Mobile:							
Guar itrelin	Email:							
ent/ o cer	Home Address: Postcode:							
Parent / Guardian 1 (parent who centrelink is linked to)	☐ Please tick if this address is also the child's residential address. If not, please specify child's residential address:							
ed)	Place of Employment:			Occupatio	Occupation:			
	Work address:				Postcode:			
	Work Phone:							
	Name:		Date	of Birth:	/ / (centrelink requirement)			
	Relationship to Child:							
8 1	Nationality: Language/			Spoken:				
dian	Home Phone:			Mobile:				
Guar	Email:							
Parent / Guardian 2	Home Address:				Postcode:			
اية	Place of Employment:			Occupatio	n:			
	Work address:				Postcode:			
	Work Phone:	Work email:						

Our program is enhanced by the special skills, abilitie program that we offer our children. Would you be inte	g .	nave.	Any s	kills ca	n com	ıpleme	ent the
Joining the YOSHC Management Committee		Yes	s [No			
Sharing your talent/skills/knowledge with the		Ye	s [No			
If yes, please note your talent, skill or knowledge here	9:						
(eg. Play a musical instrument, speak another langua	ge, artistic, dance, can build, trade	spers	son, ga	arden, s	sew, c	ook e	tc)
How can we best communicate to you management i	nformation about the centre? (Plea	se ci	rcle)				
Monthly Newsletter	/ Email / Noticeboard						
Important information about custody of your child / ch	ildren:						
Who has legal custody of the child / children?							
Is there a court ordered parenting order or parenting of the sentre (Please note: It is the families' responsibility to er				Yes writing	□ j at al	No I time	s).
Is there any other information about the children's living	ng arrangements that we need to k	now	about:				
Can YOSHC take and use photographs of your child/	children for:						
 Educational purposes, developmental measure evaluations and Quality Assurance 	urement tools, displays, program		Yes		No		
 The YOSHC Newsletter, newspaper articles, brochures and on our centre website? 					No		
Does your family have any religious, cultural, spiritual can support and incorporate to best care for your child		Yes		No			
If Yes, please specify or tick the box below to discuss	further with a staff member:						
I would like to discuss this further							
Do you permit your child/children to celebrate:							
 Birthdays 			Yes		No		
• Easter			Yes		No		
Christmas			Yes		No		
At times children may bring a cake or something simil friends, do you give permission for your child to share	•		Yes		No		
Family Doctor:	Medical co conditions					's lett	er of
			code:	monto.			
Phone:	Family Medicare Number:						
Has your child/children ever suffered from a serious illness, injury or required hospitalisation? If yes please state child's name and specify medical details:				Yes			No
Does your child/children have any allergies and/or asthma? If yes please state child's name and allergy and/or asthma details including triggers and severity of condition:				Yes			No

If your child suffers from an allergy, asthma or other medical condition you are required to provide the centre with medical management plans, anaphylaxis		.,		
medical management or risk minimisation plan. Has this been provided to the centre? Do you need to meet with a staff member to formulate a risk minimisation plan?		Yes		No
		Yes		No
Does your child require staff to administer / supervise other medication (eg. Long term medication; eg.asthma)? If yes, please state child's name and specify details: (by ticking yes you are authorising staff to administer specified medication to your child)		Yes		No
Is a doctor's letter or additional information attached?		Yes		No
Do you authorise educators to: • Provide emergency medical treatment, including obtaining any medical, hospital and/or ambulance service in the case of an accident or emergency?		Yes		No
Apply products to my child/children's skin as necessary to maintain health and hygiene (eg. sunscreen, hand wash)? Please check with the educators on the current brands being used and notify of any allergic reaction prior to enrolment.		Yes Yes		No No
 Liaise with health/medical professionals in relation to the care of your child? Share information relevant to the care of your child (eg. Health, wellbeing and/or cultural requirements) amongst educators and/or support workers who are working within the school and YOSHC. 		Yes		No
Has your child received the recommended immunisations to date for their age? A copy of your child's immunisation records needs to be provided to the centre and updated at all times.		Yes		No
Please note: When a vaccine preventable disease is present or suspected at the centre, children who the centre DOES NOT have a complete record of immunisation for, may be treated as unimmunised and therefore will be excluded from the centre for the recommended period of time to protect the child and to prevent further spreading of the disease, normal booking charges will apply during times of absence.				
Does the centre have a copy of the immunisation record?		Yes		No
Staff to initial				
Does your child have any additional needs in regards to their ability level that we should know about to provide them with the best care possible? If yes please state child's name and specify details:		Yes		No
For the purposes of Australian Government Childcare Census, please indicate the following they apply): Parent with a disability or caring for someone with a disability Child with learning needs Child with communication needs Child with mobility needs Child with interpersonal needs Child with other needs Vour child/children identify as Aboriginal or Torres Strait Islander	special	considera	itions (tio	ck box if

Authorised Nominee/s:

An authorised nominee is defined under the Education and Services National Regulation as a person who has been given permission by a parent or family member to collect the child from the education and care service.

The YOSHC Management Committee has ruled that Authorised Nominees need to be at least 16 years old to be authorised to collect a child from YOSHC (2014 MCM).

Please note: that unfamiliar authorised collectors and emergency contacts of the child/children will be required to present photographic ID such as Driver's License, 18+ card, Senior's Card or passport before picking up the child/children.

We recommend that you advise all contacts to bring along photographic ID when collecting your child.

Please note: Cancellations and changes to bookings will only be accepted from a child's parent/guardian

In accordance to the Education and Care Services National Regulation Parent/guardians must list contacts (authorised nominees) for the Education and Care service to contact in the event that we require consent to medical treatment or administration of medication and we are unable to reach the parent or guardian of the child.

1. Name:		Relationship to child:			
Address:	Postcode:				
Phone:	Mobile:				
2. Name:		Relationship to child:			
Address:		Postcode:			
Phone:	Mobile:				
3. Name:		Relationship to child:			
Address:		Postcode:			
Phone:	Mobile:				
 Collect my child/children from the service Be contacted in the event of an emergency where a 	narent/di	uardian cannot be reached			
I authorise the Authorised Nominee's specified above to: • Collect my child/children from the service					
 Consent to medical treatment of my child and to au Authorise an educator to take my child outside the 	thorise the	administration of medication to my child			
Parent/Guardian Name:					
Signed:					
Signed:	Dat	e:/			
In an emergency a person who is not listed on the child's enrolment form may be required to collect a child, or a parent may request that a child leave the service alone. Permission in this instance may be granted via email or phone. If the request is made via telephone, the parent/guardian will have to answer a security question before notifying staff of the emergency persons details, staff will then fill in an 'additional authorized person' form and the form will be signed by the parent/guardian when they next visit the centre.					
Can you please specify a question that we can use to identify you:					
If you're stuck try: What was my first pet's name? Or What is the name of my favourite book? Answer:					

Is there any further information you would like to make the service aware of:

I/We agree to notify the centre of any change to information provided in the enrolment pack.

I/We agree to pay all childcare fees incurred, including absent days and fees resulting from late collection.

I/We agree to abide by the centres fee schedule and associated booking and cancellation procedures.

I/We understand that all fees must be paid one week in advance to secure a booking. This includes the enrolment fee which must be paid for each child prior to commencement at the centre.

I/We agree to pay outstanding fees applicable together with all debt recovery expenses incurred if my/our family develops an outstanding account at the centre. This includes mercantile agent's fee, court costs and legal fees reasonably incurred by the centre.

I/We understand that in the case of a default, the parent/guardian acknowledges that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to legal/collection agencies for legal recovery action.

I/We understand that in the case of a default, enrolment details may be listed on the National Default Register for a period of six (6) years and 30 days or until paid. This information may be accessed by other providers at the time of enrolment.

I/We understand that care may be refused in the case of a default.

I/We acknowledge that I/we have received a "Family Package" and agree to abide by the rules, policies and procedures of the service.

I/We understand that it is necessary to personally sign children out as required for the various care programs. If any person apart from those listed on the enrolment form is to collect and sign out my/our child/children, I/we agree to notify the centre in advance to this effect.

I/We agree to inform the centre of any absence of my child/children on or prior to the day due to attend.

I/We understand that management and/or staff **can not** enforce Family Court Orders or Domestic Violence Orders by law.

I/We agree to keep my/our child/children from attending the Program should he/she be suffering from any illness/infectious or contagious disease as per the Infectious Disease policy of the centre. I/We accept that the centre will enforce the recommended minimum exclusion periods recommended by an appropriate governing body.

I/We understand and accept that while all efforts are taken to prevent illness or injury to your child we reserve the right to seek and/or provide medical and/or emergency treatment for your child if deemed necessary by centre educators. In the event of an emergency every effort will be made to contact parents/guardians and emergency contacts. If we are unable to do this educators at the centre will contact the ambulance for transport and authorise treatment as deemed necessary by medical staff. The parents/guardians will be responsible for any costs incurred by this treatment or transportation. The parent will notify the centre in writing of any restrictions regarding medical treatment of the child.

I/We understand that for my child to receive medication whilst at the centre I must complete a medication form for the administration of any medication to my child/children. This includes prescription and over the counter medications and creams as per the Education and Care Services Regulation 2011.

I/We understand that educators may need to escort my child/children off the premises to safety if there is an emergency evacuation

I/We understand that my child/children will be transported by bus, train or will walk to and from school and excursions.

I/We understand that when travelling on a seat-belt fitted bus, my child/children will be required to wear a seat belt.

I/We agree to keep the centre updated on changes to authorised nominees. I understand that in keeping with the Education and Care Services National Regulation (S 160:3) my child/children will not be released into the care of a person who has not been listed on this form as a parent or authorised nominee. I understand that the service will take reasonable steps to prevent a non-custodial parent (as determined by a current court order or parenting order) from having access to, or collecting, any child listed on the order.

I/We will ensure that all authorised nominees are advised of their responsibilities to ensure they collect my child by the service closing time. Failure to do so will result in a late collection fee being applied.

I/We understand that the service must comply with the Priority of Access for CCS purposes. I acknowledge that where a child with a higher priority requires care that I may be contacted to change or reduce my days. I understand that I will be provided with 14 days' notice if this occurs.

- <u>First Priority</u>
 A child at risk of serious abuse or neglect.
- <u>Second Priority</u>
 A child of a single parent who satisfies, or of parents who both satisfy the work/training/study test under Section 14 of the Family Assistance Act
- Third Priority
 Any other child

I/We understand that my child's lunch box will be kept within their bag in a shaded area whilst on Holiday Care. When going on excursion children will carry their bags with lunchboxes contained within. If families require special care for lunches, excursion restraints should be taken into consideration.

I/We understand that the information within this Family Enrolment Package will be used in keeping with the Information Handling Policy and the other Policies and Procedures of the service from time to time.

I/We understand that the service may screen G and/or PG rated movies, DVD's, computer games and music whilst my child is in attendance at the service.

I/We agree to abide by the YOSHC Sun Safety Policy. This includes wide brimmed hats are to be worn by all children at the service when outside, suitable sunscreen is applied throughout the day, there will be limited outdoor activities planned between 10am and 2pm; sun smart rashies are to be worn on swimming days. Please read the full policy via the Policies and Procedures.

I/We authorise educators of the centre to seek and/or provide medical and/or emergency treatment for my child including the administration of life saving medication (eg. Epipen or Ventolin) should this be considered necessary and agree to meet all costs incurred by this treatment and or transport.

By signing this document I acknowledge that I have read, understood and agree to abide by the information contained in this enrolment and agreement pack.

Name:	
Signature:	Date:/
Name:	
Signature:	Date:/



Care Requirements Form

Family Nan	ne:			_ Date of Care to	Begin:/	
Before ar	nd After Schoo	ol Care:				
□ We red	quire care on a p	<u>ermanent</u> basi	s for the following	ng days (Please ti	ick appropriate o	lays):
Chilo	d 1:					
		Monday	Tuesday	Wednesday	Thursday	Friday
	Before School Care					
	After School Care					
Child	I 2:					
		Monday	Tuesday	Wednesday	Thursday	Friday
	Before School Care					
	After School Care					
Child	13:					
		Monday	Tuesday	Wednesday	Thursday	Friday
	Before School Care					
	After School Care					
OR □ We will	l be attending Ye	eronga OSHC c	on a <u>casual</u> bas	is and will notify Y	∕OSHC when we	e need care.
Holiday C	<u>Care:</u>					
□ We will	I be attending Y	OSHC for Holid	ay Care only.			
□ We will	l/may be attendii	ng YOSHC for I	Holiday Care as	well as Before ar	nd After School	Care

Yeronga OSHC

Contact Details:

Nominated Supervisor: Tanya Harris Educational Leader: Lucy Reid P&C Finance Administrator: Cara Burrus

Tel: 07 3426 0361 Mail: 122 Park Road, Yeronga Q 4104

Email: yoshc@live.com.au
Website: www.yoshc.com

Hours:

Before School Care 7.00am – 8.45am

After School Care 3.00pm – 6.00pm

Holiday Care & Pupil Free Days 7.00am – 6.00pm

Fees and Charges*

(*Please note these fees are subject to minor change with the review of the budget at the end of the year)

<u>Session</u>	<u>Time</u>	<u>Cost</u>
Before School Care Permanent	7.00 am 0.45 am	\$14.00
Before School Care Casual	7.00 am – 8.45 am	\$16.00
After School Care Permanent	3.00 pm – 6.00 pm	\$21.50
After School Care Casual	3.00 pm – 0.00 pm	\$23.50
Holiday Care and Pupil Free Day Full Day (Additional fees for excursion & incursion days)	7.00 am – 6 00 pm	\$51.00

Enrolment Fee (due on enrolment): \$15 per child Administration Fee (due annually): \$30 per family

No Notification Fee (YOSHC must be notified when a child will not be attending a session): \$5 per session

Late Fee (Families must collect their children before 6pm): \$15/15minutes or part thereof

See Policies and Procedures for booking cancellation timeframes.

Making Payments

Statements are emailed out fortnightly to each active family. Payments can be made via cheque, eftpos, credit card, cash (at the centre) or directly into the YOSHC bank account:

Account Name: Yeronga Out of School Hours Care

BSB: 084 126 **Account Number**: 02 993 0279

For payments other than direct deposit families need to follow the procedure displayed at the payments desk. The step by step instructions on how to make your payment are on the wall behind the desk. If you need assistance please don't hesitate to ask.

YOSHC does not carry change so if you're paying cash please bring in the correct amount.

If you'd like to see if you're eligible for the Child Care Subsidy (CCS) please contact the Department of Human Services (136150) for a Customer Reference Number for yourself and your child. Once you've received these numbers pass them onto a Nominated Supervisor at YOSHC and we'll enter them into the Child Care Subsidy System (CCSS). It can take a few days for your CCS amount to come through so please be patient ©

CCSS Approval ID for YOSHC (for centrelink purposes): CCMS 1 61P 64

If you have any enquiries about your account please see the Coordinator on duty.

Quick Pointers for Families

Before and After School Care

Hat (no hat = no outside play)

Holiday Care

Hat (no hat = no outside play)

Enclosed shoes

Drink bottle for water

Towel, togs and sun smart shirt if swimming

Sunscreen, if allergic to the brand supplied

Lots of food for lunch (we provide breakfast, morning and afternoon tea)

Please ensure there are no nuts in your child's lunch, for the safety of our anaphylactic children.

Clothes suitable for craft and other activities

Change of clothes

Health & Community Service Dept Contact Information

132 468

www.health.qld.gov.au

Mensline: 1800 600 636

www.lifeline.org.au

Department of Human Services http://www.humanservices.gov.au/

Community Child Health Service http://www.health.qld.gov.au/cchs/about.asp

Community Health Service http://www.health.qld.gov.au/services/default.asp

Queensland Health 07 3234 0111

Counselling and Support

Domestic Violence Telephone Service

Womensline: 1800 811 811

13 11 14

Lifeline

Poisons Information Centre 13 11 26

07 3365 7290

Positive Parenting Program (PPP)

http://www1.triplep.net/

Relationships Australia 1300 364 277

http://www.raq.org.au/

1800 177 577

Women's Infolink http://www.communities.qld.gov.au/women/about-

us/womens-infolink

YOSHC Staff and Centre Details

Your child's care giver details as at the date of enrolment are as follows:



Tanya Harris

Position

Co-Director (Nominated Supervisor)

Qualification

Bachelor of Arts - Psychology Major -Tanya@yoshc.com



Jordan Young

Position

Co-Director

Qualification

Bachelor of Secondary Education

Mathematics & Media Arts Major jordanyoung@yoshc.com



Lucy Reid

Position

Educational Leader **Qualification**

Bachelor of Built Environment (Interior Design)



Charlee Carey

Position

Assistant Coordinator

Qualification

Diploma of TESOL
Bachelor of Primary Education
(currently completing)



Maddy McMahon

Position

Assistant Coordinator

Qualification

Bachelor of Primary Education

Minor of Religious Studies



Chris Walker

Position

Assistant Coordinator

Qualification

Bachelor of Business
-Marketing Major (currently completing)



Gabrielle Kelleher

Position

Assistant Coordinator

Qualification

Bachelor of Primary Education
- Special Education Major(currently completing)



Ashleigh Stabe

Position

Educator

Qualification

Diploma of Languages (Spanish) Bachelor of Primary Education

- History Minor - (currently completing)



Alec Higgins

Position

Educator

Qualification

Bachelor of Secondary Education
- HPE and Mathematics Major (currently completing)



Julia Phan

Position

Educator

Qualification

Bachelor of Occupational Therapy (Honours) (currently completing)



Teaghan Druitt

Position

Educator

Qualification

Bachelor of Primary Education (currently completing)



Caitlin Jordinson

Position

Educator

Qualification

Bachelor of Public Health (currently completing)



Jack McMahon

PositionEducator

Qualification

Bachelor of Information Technology (currently completing)



Sarah Dimes

Position Educator

Qualification

Bachelor of Primary Education (currently Completing)



Maddy Jordinson

Position

Educator

Qualification

Bachelor of Nursing and Paramedics (currently completing)



Niamh Angelos

Position

Educator **Qualification**

Bachelor of Science
Major in Environmental Science
(currently completing)



Luke Gallaher

Position

Educator

QualificationCert. III in Fitness

Diploma of Elite Sports Development



Lili Taylor

Position

Educator

Qualification

Bachelor of Occupational Therapy (honours) Currently completing



Tom Crowley

Position

Educator

Qualification

Bachelor of Social Work

This service is licensed by the Department of Education, Training and Employment, with specifications detailed in the Education and Care Services National Law and the Education and Care Services National Regulation 2011. The service complies with the conditions set out in the National Law and Regulation, including, for example, the requirements relating to activities, experiences and programs, staff members' qualifications, numbers of staff members and children.

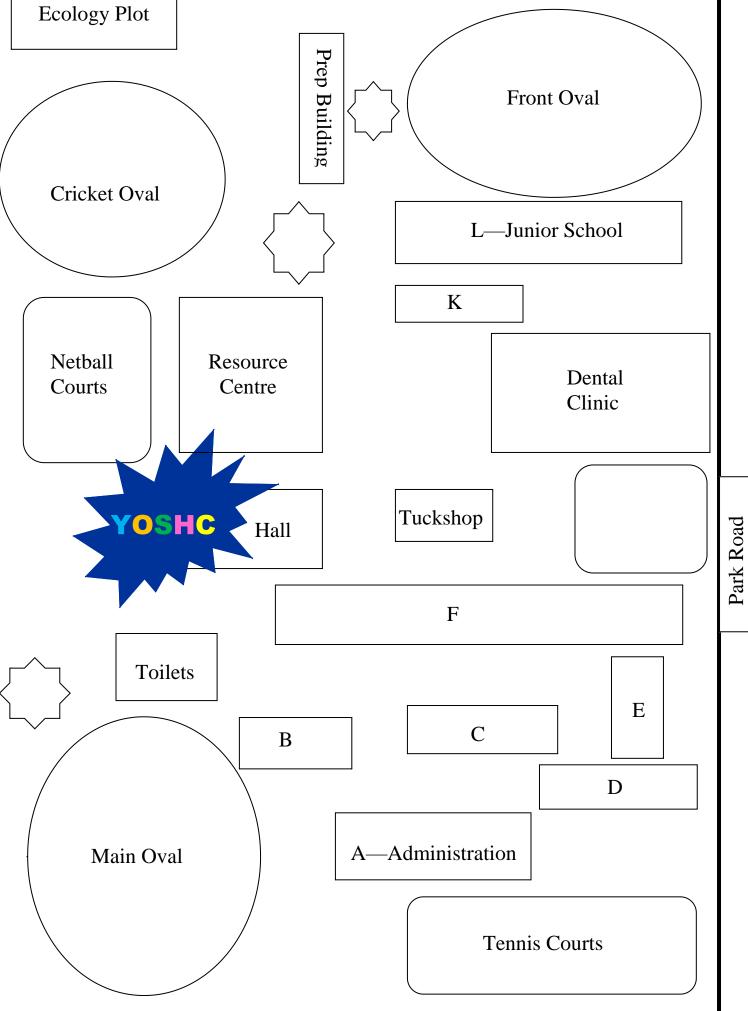
You are encouraged to ask the Nominated Supervisor for information relating to the following:

- Your child's enrolment at this service including the activities and experiences provided by the service
- The service philosophy about learning and child development outcomes and how it is intended the outcomes will be achieved; and
- The goals about knowledge and skills to be developed through activities and experiences.

Please note: Notices stating the current information about groups and staffing in the centre is displayed at the centre.

Yours sincerely,

Yeronga State School P and C Association, Outside School Hours Care



1/