



Gullivers Coomera

Outside School Hours Care Enrolment Form

Please complete one form per child

Childs Information				
CRN Number		No. of Siblings		
Surname				
Given Names				
Date Of Birth		Gender	Male / Female	
Address				
Suburb		Postcode		
Telephone Number				
Child Lives With	Both Parents	Mother	Father	Guardian
Religion				
Cultural Beliefs				
Language Spoken at Home				
School				
Year Started School		Current School Grade		
Mother/Guardian Details		Father/Guardian Details		
Surname		Surname		
First Name		First Name		
Date of Birth		Date of Birth		
Address		Address		
Suburb		Suburb		
Postcode		Postcode		
Home Phone		Home Phone		
Mobile Phone		Mobile Phone		
Work Phone		Work Phone		
Occupation		Occupation		
CRN		CRN		
Email		Email		
Emergency Contacts (if parent/guardian are unavailable)				
Contact 1		Contact 2		Contact 3
Name		Name		Name
Address		Address		Address
Phone		Phone		Phone
Mobile		Mobile		Mobile
Administer medication*? Yes/No		Administer medication*? Yes/No		Administer medication*? Yes/No
Name of all people authorised to collect your child (other than parent/guardian)				
Name		Name		Name
Address		Address		Address
Phone		Phone		Phone
Administer medication*? Yes/No		Administer medication*? Yes/No		Administer medication*? Yes/No
Office Use Only				
CCB% at time of enrolment				
Estimated Attendance Hours		CCB Rebate		
Initial to confirm certificates or proof of conditions attached to this application?				

*Administer Medication - Consent to medical treatment or administration of medication.

Medical History and Consent

Does your child have any disabilities or special requirements?		Yes / No	
If you answered yes please list them here			
Has this been diagnosed medically?	Yes / No	If Yes please supply documentation to support this.	
Does this impact on the child's ability to undertake any activities we organise?		Yes / No	
Has the child previously had an inclusion support plan?		Yes / No	
Does your child suffer from any health or behavioural problems?		Yes / No	
If you answered yes please list them here			
Has this been diagnosed medically?	Yes / No	If Yes please supply documentation to support this.	
Does this impact on the child's ability to undertake any activities we organise?		Yes / No	
Has the child previously had a behaviour support plan?		Yes / No	
Does your child have any allergies?		Yes / No	
If you answered yes please list them here			
Has this been diagnosed medically?	Yes / No	If Yes please supply documentation to support this.	
Is Medicine required to be stored at our facility for this?		Yes / No	
If you answered yes please list them here			
Does the child have an action plan?	Yes / No	If Yes please supply documentation.	
Are the child's immunisations up to date?		Yes / No	Please note this will affect your CCB rebate%
Are there any other issues we should consider? (i.e. cultural/religious/dietary requirements of additional needs)			Yes / No
If you answered yes please list them here			
What are the child's interests?			
Is there anything the child dislikes?			
Does the child have any fears or phobias?			
Medicare Number		Health Care Fund Provider	
Family Doctor		Health Care Fund Number	
Doctors Contact Phone Number			
Surgery Address			
Medical Consent - I hereby acknowledge the staff at Gullivers Coomera are not authorised to administer tablets or any other medication to my child unless a medical practitioner provides written authorisation. I hereby give permission to staff of Gullivers Coomera in the event of an accident or emergency to call in a medical practitioner and/or ambulance at my expense, and authorise the medical practitioner to carry out such treatments as is immediately necessary.			
Sunscreen Consent - I understand and agree that the staff may apply sunscreen to my child when necessary; however I undertake to supply my child with an adequate amount of sunscreen for them individually.			
Terms and Conditions - I have received a copy of the terms & conditions and agree to be bound by them.			
Media Consent - I understand that photographs or video of my child may be taken and used for internal or external display. I undertake to convey any reservation I have in this regard to the centre in writing.			
Transport Consent - I hereby give my permission for my said child to travel by mini-bus or car from their school to Gullivers Coomera or to their nominated school for before school care. I understand that my child will be driven by a licensed Gullivers Staff Member and that all children under the age of 7 will be transported on a booster cushion while children over the age of 7 will be individually restrained by a seat belt at all times.			
Child Removal from Premises – I hereby give permission for Gullivers Coomera to be able to remove my child from the services at such times as appropriate including but not limited to excursions, off site medical treatment, et all.			
Swim School – I agree to my child participating in the Gullivers swimming program and will provide a swimming cap. If my child does not have a cap one will be provided and charged to my account.			
Parent/Guardian Signature			Date



Gullivers Outside School Hours Care

BOOKING FORM, TERMS & CONDITIONS

1. **Enrolment is subject to** payment of a \$100.00 bond per child which is refunded after your final week's fees are paid should you decide to not continue. Bond is forfeited if enrolment is not instigated within one month. Bond will be used to pay outstanding accounts. The \$100.00 bond must be paid before child is to attend.
2. **Enrolment Fee:** A \$10 enrolment administration fee will be charged on enrolment.
3. **Full fees are payable** until notification of your CCB % is received from Centrelink.
4. **For ASC, BSC and Vacation Care, Two weeks' written notice of resignation or amendment to bookings is required.** Two week's notice means fees will be due in full up to and including the week after notice is given.
5. **Bookings remain constant** from week to week.
6. **Fees are due for all regular bookings** every week even if not attended.
7. **Additional casual bookings** may be available subject to vacancies but should not be relied upon. Due to an increase in occupancy our ability to guarantee casual bookings is reducing. For bookings made with less than 24 hours notice this will incur a \$10 casual booking fee charge.
8. **There is no credit, refund or transfer** of fees for days not utilised.
9. **Payment is due before the first day** attended each week.
10. **Fees are to be paid in weekly increments** only and for the exact amount.
11. **A \$5.50 late fee applies** per week without exception to fees not paid when due
12. **For those unable to attend the centre in regular hours,** fees may be paid over the phone by credit card or at the centre any time from 6:00am to 7:00pm or from 7am to 12pm on weekends
13. **Alternatively fees may be paid** weekly in advance using the convenient EZI DEBIT system for just 88 cents a week transaction fee.
14. **Where fees are not paid for two weeks in a row pupils** are taken off the transport lists & not collected from school & not allowed to make use of the service until entire fees are paid.
15. **Advice must be given by 2:00pm at the latest** any day children are not to be collected from school. This covers all eventualities including kids home sick, school camps, holidays, swim carnivals. Failure to abide by this condition will jeopardise your child's enrolment.
16. **Parents must sign children out** only when they actually leave the premises - not before.
17. **Collection cards must** be taken from the reception counter when signing children out (1 per child) and handed to the staff member that is supervising the group your child is with. If you have two children with different groups a card must be given to each respective teacher.
18. **Children must have hats** for After School Care/ Vacation Care - no hat no play. Gullivers bucket hats can be purchased from reception for \$12.00. Children that do not have a hat will be provided one and \$12.00 will be charged to your account.
19. **Please note our hours of service –**
 - **Before School Care** 6am to school drop off
 - **After School Care** school pick up to 6.30pm.
 - **Vacation Care** 6am to 6.30pm

20. **It is possible** for us to provide limited care for your child outside these hours. This is negotiable only with prior management consent.
21. **Our programs cater** for Prep through to year 7. We are happy to accept children older than the standard year 7 age (13yrs) but this is **only possible with prior consent from management.**
22. **No responsibility will be accepted** for damage or loss to personal belongings regardless of how it occurred including but not limited to laptops, Ipads, mobile phones, clothing, etc.
23. **Lost property will be sorted through weekly** and all clothing without a name tag will be sent either to the respective school if identifiable or to a charity shop. This will occur each Monday of the following week.
24. **Hours of Operation:** our programs operate from 6.00am to 6.30pm. Children cannot be presented at the service prior to 6.00am. **A late pick up fee of \$10 for any part of the first 5 minutes and thereafter \$1 per minute after 6.30pm will be charged per child for late pickups.**
25. **Excursions/Incursions** are compulsory unless stated optional.
26. **Dress:** Gullivers have a sun safe policy and as such children need to bring a hat each day and wear appropriate clothing. Closed in shoes that are appropriate for active play outside must be worn every day. This is for children's safety and guardians will be asked to bring their hat and appropriate footwear back to the service. Children must wear a red shirt on excursion days. These can be purchased from reception at a cost of \$14.00.
27. **FREE SWIMMING:** lessons for all children are subject to them bringing a swim cap also goggles are recommended.
Due to varying numbers of children swimming we are unable to give an exact time for your child's swimming lesson. The last lesson will be completed by 5.45pm.
If your child does not have a cap one will be provided by Gullivers at the cost of \$11.00 which will be charged to your account.
28. **OSHC SWIMMING LESSONS SIGN OUT POLICY:** When attending Swimming Lessons in the OSHC Program it is classified as an excursion to the program.

If attending swimming lessons on any day and any time during BSC, ASC or VAC, I understand that my child will be signed out of the OSHC supervised premises by the OSHC Learn To Swim Coordinator and handed to a designated Gullivers Coomera Swimming Teacher. Once the swimming lesson is completed my child will be signed back into the OSHC supervised premises.
29. **BEHAVIOUR:** If a child continues to display inappropriate behaviour or if it endangers the safety and wellbeing of themselves or others, expulsion from the program will occur.

I HAVE READ & AGREE TO THE TERMS & CONDITIONS AS STATED ABOVE. I ALSO AGREE TO THE DAILY EXCURSION POLICY FOR SWIMMING LESSONS.

NAME:.....

SIGNATURE:.....

DATE:.....



BOOKING SHEET

Before School/After School Care

Enrolment form and Booking form must be completed before you can commence with the program.
Please simply tick the days your child will require care.

CHILD NAME	
DOB	START DATE:

BSC/ASC	Monday	Tuesday	Wednesday	Thursday	Friday
BSC					
ASC					

I have read the Terms & conditions and understand the conditions of this booking and accept that no refund is available once the booking is made.

NAME:

SIGNED:

DATE:

I WOULD LIKE MY CHILD TO DO THE SWIM LESSON: YES/NO

I UNDERSTAND THAT IF MY CHILD DOES NOT HAVE A SWIM CAP GULLIVERS COOMERA WILL PROVIDE ONE AT THE COST OF \$6.00 WHICH WILL BE CHARGED TO MY ACCOUNT: YES/NO

I WOULD LIKE MY CHILD TO DO HOMEWORK: YES/NO

IF MY CHILD DOES NOT HAVE A SUN HAT GULLIVERS COOMERA WILL PROVIDE ONE AT THE COST OF \$12.00 YES/NO

I CONSENT FOR MY CHILD TO HAVE AFTERNOON TEA PROVIDED BY GULLIVERS COOMERA: YES/NO

PLEASE COMPLETE AND RETURN BOOKING FORM NO LATER THAN 1 WEEK PRIOR TO START OF TERM FOR EXISTING CUSTOMERS.

PAYMENTS ARE TO BE MADE IN ADVANCE OF THE PROPOSED ATTENDANCE OF A MINIMUM OF 1WEEK.

CCB's and CCR's may vary positively or negatively due to changes in personal situations.

PLEASE DEDUCT THE \$100 BOND AND \$10 BOOKING FEE FROM MY CREDIT CARD

Visa MasterCard

Card number

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Expiry Date:

CVV:

Name of the card holder:.....

I authorise Gullivers Coomera to charge my Credit Card to pay my child/children Vacation Care fees.

Credit Card holder's signature:.....

Date:.....



ABOUT ME ☺

MY NAME IS: _____

MY SIBLINGS: _____

WHERE I GO TO SCHOOL: _____

MY BIRTHDAY _____ MY CULTURE IS: _____

MY FRIENDS NAMES: _____

MY FAVOURITE COLOUR: _____

MY FAVOURITE ANIMAL: _____

MY PETS AND THEIR NAMES: _____

MY FAVOURITE SPORT: _____

THINGS I LIKE:

THINGS I DISLIKE:

THINGS THAT MAKE ME HAPPY:

THINGS THAT MAKE ME SAD OR ANGRY:



For parents please see other side

