



Gullivers Coomera 2021

Outside School Hours Care Enrolment Form
Please complete one form per child

Childs Information			
Child 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 (Please Circle)	Coomera Rivers State School; Coomera Springs State School; Highland Reserve State School; Picnic Creek State School; Pimpama State Primary College; Pimpama State School; Upper Coomera State College		
Year Started School		Current School Grade	
Primary CCS Contact Details		Secondary Contact 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	
Parent/Guardian 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	
Is authorised to authorise an educator to take the child outside the education and care service premise**? Yes/No	Is authorised to authorise an educator to take the child outside the education and care service premise**? Yes/No	Is authorised to authorise an educator to take the child outside the education and care service premise**? Yes/No	

Is authorised to authorise (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and (ii) transportation of the child by an ambulance service***? Yes/No	Is authorised to authorise (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and (ii) transportation of the child by an ambulance service***? Yes/No	Is authorised to authorise (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and (ii) transportation of the child by an ambulance service***? 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 Is authorised to authorise an educator to take the child outside the education and care service premise**? Yes/No Is authorised to authorise (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and (ii) transportation of the child by an ambulance service***? Yes/No	Administer medication*? Yes/No Is authorised to authorise an educator to take the child outside the education and care service premise**? Yes/No Is authorised to authorise (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and (ii) transportation of the child by an ambulance service***? Yes/No	Administer medication*? Yes/No Is authorised to authorise an educator to take the child outside the education and care service premise**? Yes/No Is authorised to authorise (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and (ii) transportation of the child by an ambulance service***? Yes/No

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

** Gives authority to an educator to take the child outside of the education and care service premise.

*** Gives authority to the centre to provide medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and (ii) transportation of the child by an ambulance service;

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			

<p>necessary; however, I undertake to supply my child with an adequate amount of sunscreen for them individually.</p>			
<p>Terms and Conditions - I have received a copy of the terms & conditions and agree to be bound by them.</p>			
<p>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.</p>			
<p>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.</p>			
<p>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.</p>			
<p>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.</p>			
<p>Parent/Guardian Signature</p>		<p>Date:</p>	



Gullivers Outside School Hours Care

TERMS & CONDITIONS

1. **All New enrolments:** Gullivers Coomera will be conducting Interviews for all new enrolments for both Before School Care and After School Care.
 - **Successful enrolment is not confirmed at the interview**
 - The Centre must review the application document before making contact to provide the enrolment outcome.
 - Please do not pay the bond or purchase items, until you receive an offer of enrolment from the OSHC Administrator.
 - Submitting an application or completing an enrolment interview does not guarantee enrolment.
 2. **Enrolment in Before School Care, After School Care and Vacation Care is subject to** payment of a \$100.00 bond per child.
 - The Bond can be refunded when your account is finalised should you decide not to continue.
 - Bond is forfeited if enrolment is not instigated within 12 months.
 - Bond will be used to pay outstanding accounts. The \$100.00 bond must be paid before child is to attend.
 3. **Enrolment Fee:** A \$10 enrolment administration fee will be charged on enrolment **per family**.
 4. **Full fees are payable** until notification of your Centrelink Fee Relief % is received from Centrelink.
 - **Before School Care** full fees \$23.30
 - **After School Care** full fees \$34.30
 - **Vacation Care** full fees \$73.15
 5. **All fees** are to be paid through the chosen Direct Debit System. (Childcare Easypay)
 - **If your payment fails you will be charged a \$9.90 fee by Childcare Easypay.**
 6. For ASC, BSC and Vacation Care, **two weeks' written notice of resignation or amendment to permanent bookings** is required. Two weeks' notice means fees will be due in full for these two weeks.
 7. **Bookings remain constant** from week to week.
 8. **There is no credit, refund or transfer** of fees for days not utilised.
 9. **Fees are due for all permanent bookings one week in advance** every week even if not attended.
 10. **Where fees are not paid for two weeks in a row** pupil are taken off the transport lists and not taken to school and not collected from school and not allowed to make use of the service until entire fees are paid.
 11. **Advice must be given by 1:00pm at the latest** any day children are not to be collected from school.
 - If we have to contact you when your child has not presented to the bus due being absent from school or already collected from school this will incur **\$20 administration fee per family** for each day advice is not given.
- Please Tick
once read
- Initials: _____ Date: _____
12. **Children must have hats** for After School Care/ Vacation Care - no hat no play. Gullivers red hats can be purchased from reception for \$10.00. Children that do not have a hat will be provided one and \$10.00 will be charged to your account.
 13. **Please note our hours of service –**
 - **Before School Care** 6am to school drop off. **All children must be at the centre by 7.30am**
 - **After School Care** school pick up to 6.30pm.
 - **Vacation Care** 6am to 6.30pm

14. **Our programs cater** for Prep through to year 6.
15. **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.
16. **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.
 - **You are welcome to come into the centre to look for your child's belongings.**
17. **Hours of Operation:** our programs operate from **6.00am to 6.30pm**.
Where **prior** arrangements have been made with Gullivers Coomera, it is possible for care after 6.30pm at \$15 for the first ten minutes and then \$1 per minute thereafter. Parents are required to contact Gullivers Coomera before 6.30pm to notify if extended care is required. Early care (before 6am) is not available.
18. **Excursions and Incursions** are compulsory unless stated optional.
 - **All Excursions and incursions are not covered under Centrelink subsidy.**
19. **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 \$18.00.
20. **FREE SWIMMING LESSONS:** lessons for all children are subject to them bringing a swim cap also goggles are recommended.
 - Children who are participating in our OSHC swimming lessons will need to complete our swimming form prior to commencing lessons.
 - Children will then be placed into a swimming lesson and times will be displayed on the parents notice board at the collection area.
 - If your child does not have a swim cap one will be provided by Gullivers at the cost of **\$5.00** which will be charged to your account. **(Due to health and safety reasons no spares will be given out)**
 - **There is no Squad in OSHC swimming. If you require squad**
21. **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.
22. **BEHAVIOUR: We accept respectful behaviour, protecting our Pupils from harm.** If a Pupil or Parent continues to display inappropriate behaviour or if they endanger the safety and wellbeing of themselves or others at our facility, suspension or 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 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 \$7.00 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.
Centrelink Fee Relief 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Expiry Date:

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:

.....

RELEASE, WAIVER AND INDEMNITY

In consideration of you accepting my/my Child's participation in the activities conducted by you ("the Activities") I herewith agree and declare that:

By signing this document, I, both on behalf of my Child and in my personal capacity on for myself, my heirs, executors and administrators hold you, together with your employees, successors, assigns and other persons or entity which provides services at your request against any loss or damage however caused including but not limited to any claims, demands, rights, causes of action, judgments, costs and expenses or any other liability which I may suffer, incur or sustain in connection with or arising in any way as a result of participation in the Activities;

I give my authority and consent to any medical treatment including ambulance transportation that you reasonably consider desirable should this become necessary;

I acknowledge and consent to photographs or electronic images being taken of Myself or my Child before, during or after participation in any Activities conducted by you. These images may be used at any time by any form of media without my further consent being necessary;

I affirm that I have full authority on behalf of both parents and/or guardians to sign this indemnity;

I acknowledge and agree that this indemnity may be pleaded as a bar to any action, claim, demand or legal proceedings.

Dated this Day of 20.....

Participants Name:

Parents/Guardians:
Signature (if participant is under 18)

Risk Warning (pursuant to *Civil Liability Act 2003*).

You should not engage in the Activities unless you are physically capable of doing so. The provider of the Activity reserves the right to ask that you desist from the Activity should they deem you incapable of participating.

Date:.....



ABOUT ME 😊

MY NAME : _____

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:



Parents, please complete the other side of this form

Diagnosis & Medication

CHILD IS DIAGNOSED WITH:

MY CHILD IS MEDICATED YES NO

MEDICATION NAME:

DOSEAGE:

Please detail your Childs diagnosis and how best we are to care for them:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Tips which may trigger a negative response from your Child:

.....
.....
.....
.....
.....

Tips to help Educators keep your Child calm and happy:

.....
.....
.....

Direct Debit Request

Please complete the form in blue or black pen and return it to your child care centre.



ChildCareEasyPay.com.au

Child care centre details

Centre name

Centre ID

Your details

Surname

Given name

Address

Suburb

State

Postcode

Email

Date of birth

dd

mm

yyyy

Mobile

Other daytime number

Child name(s)

Payment details

Pay by credit or debit card



preferred card



Card number

Cardholder name

Card expiry

mm

yy

Pay by bank, building society or credit union account

BSB

-

Account number

Account name

Signature(s)

DECLARATION: I/We wish to register with ChildCare EasyPay (CEP) and authorise my/our Child Care Service Provider (CSP) and/or CEP to process payments from my/our nominated account in accordance with my/our agreement with the CSP, this Direct Debit Request (DDR) and the Direct Debit Request Service Agreement (DDSA). I/We have read and agree to be bound by the terms of this DDR and the DDSA and understand that:

- transaction fees may apply and, if applicable, will currently be charged at the following rates: Bank Account 0.88%, Mastercard 1.49%, Visa 1.69%, Premium & Corporate Mastercard 1.70%, Premium & Corporate Visa 1.90%, American Express 1.90%, International 3.10%;
- other fees may apply, including a\$9.90 fee for failed payments, and
- this arrangement will remain in place until such time as it is cancelled by me/us, my/our CSP, or CEP.

DIRECT DEBIT REQUEST: I/We request Zenith Payments Pty Ltd ABN 63 056 881 942 (trading as ChildCare EasyPay) User ID 429018, until further notice in writing, to arrange for payments provided for in this DDR to be debited from my/our account specified above. I/We understand that this direct debit arrangement is governed by the terms of the DDSA provided by CEP.

Please note: Payments will appear on your account as 'CHILDCARE PAYMENT CEP AUSTRALIA AU'.

Signature 1

Signature 2

(if joint account)

Date

DIRECT DEBIT REQUEST SERVICE AGREEMENT

This Service Agreement and your Direct Debit Request establishes the terms and conditions of your Direct Debit Agreement with ChildCare EasyPay. References to 'we', 'us' and 'our' refer to ChildCare EasyPay, which is part of Zenith Payments Pty Ltd ABN 63 056 881 942.

If you apply for direct debit with payments from a cheque or savings account, you authorise us to debit the payment amount on or around the due date shown on your child care fees statement, or as directed by your child care centre.

If you apply for direct debit with payments from a debit or credit card account, you authorise us to charge your payment amount to the nominated debit or credit card on or around the due date on your child care fees statement, or as directed by your child care centre.

Your responsibilities

It is your responsibility to ensure that your financial institution can support direct debit on your nominated account as direct debiting may not be available on all accounts. You should also ensure the account details provided on your Direct Debit Request are correct by checking them against a recent account statement. If you are uncertain about the accuracy of these details, or how to complete the Direct Debit Request, you should check with your financial institution.

You must ensure that you have sufficient clear funds in your account to honour the payments when they are due and/or processed. If there are insufficient funds, a failed payment fee may apply and you must arrange for the payment to be made by another method or arrange for sufficient funds to be in your account by an agreed time so we can process the payment. The amount of the failed payment fee can be obtained from our website or by calling us. Your financial institution may also charge a fee and/or interest for a failed payment.

Should your debit or credit card details, including card number, type or expiry date, or your bank account details change, please let your child care centre, or us, know at least 5 business days prior to your next payment due date. Failure to do so may result in a failed payment and application of the failed payment fee and other fees.

Your rights

You may alter or cancel this direct debit arrangement, or stop or defer a specific direct debit payment by providing your child care centre, or us, written notice at least 5 business days prior to your next payment due date.

You may also contact your financial institution, which is obliged to act on your instructions.

Our rights

We may cancel this direct debit arrangement at any time and for any reason. This may occur, for example, in the instance of failed or rejected payments, or if we have a reasonable suspicion that fraudulent information has been provided in relation to your direct debit arrangement. We will notify you in writing if this occurs.

We may change any of the terms of this agreement by giving you at least 14 days written notice.

Disputes

You should check your account statement to verify amounts debited from your account are correct. If you believe an error has been made debiting your account, please call us and then confirm your notice in writing. Alternatively, you may contact your financial institution.

If we find that your account has been incorrectly debited, we will arrange for your financial institution to adjust your account (including any interest and charges).

If we find that your account has not been incorrectly debited, we will provide you with reasons and any evidence for our finding.

Confidentiality

We will keep any information (including your account details) in your Direct Debit Request confidential. We will also make reasonable efforts to keep your information secure and to ensure any of our employees or agents who have access to your information do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you to the extent specifically required by law, or for the purposes of this Direct Debit Agreement (including disclosing information in connection with any query or claim).

Our Privacy Policy is available on our website.

Our contact details

Authorization Form for Excursions

Relevant legislative requirements

National Law: Section 167

National Regulations: Regulations 100–102, 168

Excursion Information				
Date of proposed excursion:	Ongoing dates while attending the centre			
After School Care				
Monday	Tuesday	Wednesday	Thursday	Friday
✓	✓	✓	✓	✓
Before School Care (During Summer Season)				
Monday	Tuesday	Wednesday	Thursday	Friday
✓	✓	✓	✓	✓
Address of the proposed excursion venue:	2 Fawn Street, Upper Coomera QLD 4209			
This venue is approximately 0.05 km in distance from the centre.				
Description of the proposed destination:	Gullivers Coomera Swim School			
The proposed excursion is:	Ongoing dates while attending the centre			
Reason for the proposed excursion:	Take part in our learn to swim program which exists in our OSHC learning program requested by parents			
Method of transport to the destination:	Walking with supervision			
Cost of excursion:	Nil			

Your child will participate in the following activities during the excursion:	1. <u>Activity:</u> <i>Learn to Swim skills and techniques</i> 2. <u>Activity:</u> <i>Stroke correction for various swim strokes</i>
Scheduled time of departure from the centre:	Between 6:30am – 7:30am (Before School Care) Between 3:30pm – 5:30pm (After School Care)
Anticipated time of arrival to the venue:	Between 6.30am and 7:30am Before school Care (During Summer Season) Between 3:30pm and 5:30pm After School Care
Scheduled time of departure from the venue:	Between 6.30am and 7:30am Before school Care (During Summer Season) Between 3:30pm and 5:30pm After School Care Summer Season)
Anticipated time of arrival back to the centre:	Between 6.30am and 7:30am Before school Care (During Summer Season) Between 3:30pm and 5:30pm After School Care
Anticipated number of children to be attending:	8 Children every 30 Minute Intervals
Names of Staff/educators attending this excursion:	Educators: Sharni Hughes, Anita Powell, Gabrielle Schmahl, Izzy Jones, Shaymaa Al Hayali, Dominic Pennisi, Kate Hudson, Michelle Hogan, Juan Dillon, Taylor Kipa, Caroline Warner, Natasha Howells, Aliesha Alderdice. Swimming Teachers: Bridie Nielson, Paulette Stokes, Candice Chamberlain, Emma Savage.
Number of other adults attending:	2-3
Anticipated adult-to-child ratio:	1:8 for Swimming lesson
Names of accompanying staff members who have first aid:	Sharni Hughes, Gabrielle Schmahl, Anita Powell. All staff members have CPR certificate.
A risk assessment has been prepared for this excursion and is available at the service upon request.	Yes

Parental Authorisation for the proposed excursion

<u>Parent name:</u>	
<u>Child's name:</u>	
<u>Child's date of birth:</u> /..... /.....

<u>Destination of Excursion:</u>	Gullivers Swim School, Upper Coomera
I,(insert parent name) hereby give permission for my child,, to attend the proposed excursion to <i>Gullivers Swim</i>	
<u>I agree to the following:</u>	<p>I understand that a maximum of 8 children will be attending the excursion in 30 minute intervals.</p> <p>I understand that a risk assessment has been prepared and a copy is available at my request.</p> <p>I understand that my child will be walking to the venue.</p> <p>I understand that my child will be away from the premises for approximately 30 minutes</p> <p>I understand that my child will be assessed once a month on their skill level.</p> <p>I understand that this excursion is an ongoing occurrence</p>
My emergency contact phone number for this date:	
Signed:
Date: /..... /