



Grand Avenue State School
P & C Association
Outside School Hours Care
Cnr Grand Avenue and Centennial Way
PO Box 4373
Yuggera Country
Forest Lake Qld 4078
Telephone: (07) 3278 9830
Emails: oshc@grandavenuess.eq.edu.au
oshcbookings@grandavenuess.eq.edu.au
ABN 96798322767

ENROLMENT FORM 2025

Please complete one enrolment form for each child.

- All sections must be completed. Any section not completed may cause a delay in your child's enrolment.
- Please tick if you would like information translated in your home language ☐

CHILDS DETAILS

Customer Reference Number (CRN):

Family Name: First Name:

Date of Birth: // Female ☐ Male ☐

Residential Address:

..... Postcode:

ATSI Descent: Aboriginal ☐ TS Islander ☐ Aboriginal/TS Islander ☐

Country of Birth: Language Spoken at Home:

Year Level/class:

Any Cultural Considerations and how it impacts on your child's health, diet, and participation in activities:

.....

.....

CHILD CARE SUBSIDY - I understand that full fees will be charged if CCS Assessment is not completed.

Does your child attend another service for which you are claiming CCS? Yes ☐ No ☐

Have you completed the Child Care Subsidy Assessment via MyGov? Yes ☐ No ☐

CHILD'S SIBLINGS

Name: Date of Birth: //

Name: Date of Birth: //

Name: Date of Birth: //

BOOKING DETAILS: SCHOOL TERM ONLY

Date booking to commence:

Please tick the appropriate boxes – Permanent and/or Casual Bookings

PERMANENT BOOKING	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before School Care (6.15-8.45)					
After School Care (2.45-6.00)					

CASUAL BOOKING	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before School Care (6.15-8.45)					
After School Care (2.45-6.00)					

PLEASE NOTE: ALL SESSIONS BOOKED WILL BE CHARGED.

Note: Permanent Bookings are where a child attends on a regular booked day. Permanent bookings will remain in place for the year/nominated period or until written notification is received by the service. Casual Bookings are where a child attends on an irregular basis, and depends upon availability of vacancies at any one session.

- **Vacation Care Programs** and booking forms are available at least two weeks prior to the holiday period. Bookings are essential and can be made by returning the form attached to the program. Hours of operation are 6.30am-6.00pm.
- Once your child is booked into Vacation care 7 days notice is required to cancel the booking. Excursions and Incursions are unable to be cancelled once booked in.
- OSHC does not operate on Public Holidays.

CANCELLATIONS:

All fees associated with bookings, should the child not attend care for any reason (including illness), shall be required to be paid in full if the service is not notified prior to the booking. CCS will apply in accordance with allowable and approved absence provisions.

Before School Care notification by 6.15am 48hrs prior to the booking

After School Care notification by 2:45pm 48hrs prior to the booking

If the child's booking has not been cancelled and the service makes attempts to locate the child, a no show call fee of \$20.00 per child will be charged in addition to the prescribed fee for that session.

COMMUNICATION PLAN

Communication with families is via email, phone, Facebook, in person as arranged, Kidsoft iCheckIn Messaging at the sign in/sign out area and in the Grand Avenue SS Newsletters. We also welcome your feedback and provide a suggestion box in the Parent area.

PRIVACY

At times GASS OSHC is required to collect information in order to comply with its legal requirements under the Education & Care Services National Law (Queensland) Act 2011 and the Department of Education, Training and Employment. This information is used to complete both State and Federal Government Census information and is kept and used in accordance with the GASS OSHC Privacy Policy.

PARENT / GUARDIAN 1 (Person registered with Centrelink for CCS)Customer Reference Number (CRN):

Family Name: First Name:

Date of Birth: / Female Male

Residential Address:

..... Postcode:

Telephone (h): (w):

Mobile: Occupation:

Email address (**Account statements are forwarded via email**):

Country of Birth: Relationship to child

Car Registration Number:

Work Status (This information is required by the DEEWR for census data collection) Not Applicable Work >15 hr a wk Looking for Work Studying/Training Disability or Disabled Carer**PARENT / GUARDIAN 2**

Family Name: First Name:

Date of Birth: / Female Male

Residential Address:

..... Postcode:

Telephone (h): (w):

Mobile: Occupation:

Email:

Country of Birth: Relationship to child

Car Registration Number:

Work Status (This information is required by the DEEWR for census data collection) Not Applicable Work >15 hr a wk Looking for Work Studying/Training Disability or Disabled Carer

AUTHORITY TO COLLECT/EMERGENCY CONTACTS (Do not include parent's names)

I authorise the following persons to collect my child from the service, and to be contacted in case of an emergency. There may be times when the child has an accident, injury, trauma or illness and the parents of guardians cannot be contacted. To deal with these situations we will attempt to notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

At least **two** contacts must be provided in this section. Any person who is unknown to staff will need to produce photo ID before collecting your child.

All persons authorised to collect a child from the service must be a minimum of 18 years old.

1. Family Name.....First Name.....

Relationship to child

Address

Telephone (h).....(w).....mobile.....

2. Family Name.....First Name.....

Relationship to child

Address

Telephone (h).....(w).....mobile.....

3. Family Name.....First Name.....

Relationship to child

Address

Telephone (h).....(w).....mobile.....

4. Family Name.....First Name.....

Relationship to child

Address

Telephone (h).....(w).....mobile.....

COURT ORDERS/PARENTING ORDERS / PARENT PLANS

Are there any current written arrangements for the care of this child? YES ☐ NO ☐

Details of any court orders, parenting orders, or parenting plans must be provided to the service in relation to your child or access to your child.

Please *attach a copy* of the order and provide any details of guardianship, custody and terms of any specific custody or access provision.

Please discuss your family situation with the Service Manager,

MEDICAL INFORMATION

Reminder GASS OSHC can only administer medication if it has been prescribed by a medical practitioner, and it is directed in writing by the medical practitioner to be administered during operating hours of GASS OSHC. This includes cough mixture & paracetamol.

An Administration of Medication form will also need to be completed by Parent/Guardian prior to administering medication.

Medical Practitioner's Name:

Medical Practitioner's Address:

Medical Practitioner's Telephone:

Medicare Number Child Ref

Does your child require regular medication? YES ☐ NO ☐

If **Yes**, you will be required to complete a Medication Form and supply medication.

(For Vacation Care, medication is to be supplied in Webster Packs only)

Does your child have any known allergies or sensitivity? YES ☐ NO ☐

If **Yes** does your child require a Medical Management Plan? YES ☐ NO ☐

Does your child have an auto injection device (e.g. Epipen)? YES ☐ NO ☐

If **Yes** please provide one to the Centre **(must be provided prior to first attendance)**

Has your child been diagnosed with Asthma? YES ☐ NO ☐

If **Yes** please attach a completed Asthma Management Plan signed by a Doctor

(must be provided prior to first attendance)

If **Yes** does your child self-administer medication YES ☐ NO ☐

Is assistance required?

Does your child have specific dietary requirements? YES ☐ NO ☐

If **Yes**, please provide details

Does your child have any additional needs? YES ☐ NO ☐

If **Yes**, please provide details or attach a separate sheet

Immunisation status of child: Date of last Tetanus Injection:

I acknowledge that I have attached a copy of my child's Immunisation Statement (if not already provided)

Signed by:

Is there any other information regarding your child's health or background that the staff should be aware of? (Please attach a separate sheet if necessary) YES ☐ NO ☐

.....

.....

Medical Information – Inclusion Support

Our service requires information about your child to ensure our program and activities are engaging and interesting for all children. We ask you the following questions about your child's interests, goals, personal care, medical supports and other areas to help us deliver a service that includes and supports every child.

Does your child have:

An NDIS plan with goals that OSHC could support? If yes, please provide a copy.	YES / NO	Any mobility support needs?	YES / NO
Any dietary or eating support needs?	YES / NO	Any cognitive support needs?	YES / NO
Any communication support needs?	YES / NO	Any emotional support needs?	YES / NO
Any sensory support needs?	YES / NO	Any social interaction support needs?	YES / NO
Any personal care support needs?	YES / NO	Any behavioural support needs?	YES / NO
Other:	YES / NO		

If yes has been selected for any of the above, a member of the OSHC Leadership Team will also contact you to organise a time for a meeting.

PERMISSIONS

I/We understand and acknowledge the following:

Support/Communication

- I/We authorise GASS OSHC to share relevant enrolment information with the school (where applicable)

Yes ☐ No ☐

Activities Permission

- I/We give permission for my/our child to view PG rated movies, programs and games while at the service.
- I/We give permission for my/our child to participate in face painting activities

Yes ☐ No ☐

Yes ☐ No ☐

Health and Safety Permission

- I/We give permission for Educators to apply adhesive bandages (e.g. band aids) to my/our child. If no, please provide an alternative.
- I/We give permission for my/our child to have 30+ sunscreen applied as required. If no, please provide an alternative
- In the case of sudden illness, or accident, I/we authorise GASS OSHC to administer first aid and/or seek medical attention if required.

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐



CONSENT FOR TAKING, USE AND STORAGE OF IMAGES AND VIDEOS OF CHILDREN.

We understand and respect that some parents may not wish for images of their child to be taken or used. This section allows you to choose exactly how your child's image and privacy are protected.

Section 1: General Consent for Use

Please indicate your consent for the following uses of images and videos of your child.

Internal Use & Documentation:

This includes images and videos taken by educators for the purpose of documenting your child's learning, developmental milestones, and participation in educational programs. This media may be used but not limited to learning journals, portfolios, and displays in our OSHC room. This information is for your family and our educators only.

- ☐ Yes, I give my consent
- ☐ No, I do not give my consent

Section 2: Specific Permissions

Please select **ALL** of the following options that you agree to. If you do not tick an option, we will assume you do not consent to that use.

Service Communication & Information Sharing:

- ☐ **Sharing within the service:** I give permission for images and videos of my child to be shared with other families within the service as a part of our program document.
- ☐ **Sharing with prospective families:** I give permission for images and videos of my child to be used in a service orientation and/or in a secure presentation to prospective families.

Publicity and Promotion:

- ☐ **Website & Social Media:** I give permission for images and videos of my child to be used on the school's public website, OSHC Facebook page, or other social media channels.
- ☐ **Print Materials:** I give permission for images and videos of my child to be used in the school/service's newsletters, brochures, flyers, or other promotional print materials. These materials may be used for external use and/or distributed to the public.

Group Photos:

- ☐ **Group photos with no names:** I give permission for my child to be included in group photographs where they are not individually identified by name. These photos may be used for internal and external purposes as outlined above.

Section 3: Storage and Security

Storage: Images and videos of children are stored on a **secure, encrypted, service-owned cloud storage system**. Access is restricted to the Approved Provider, Nominated Supervisor, and relevant educators of the Service.

Deletion: Unwanted or non-consented images are permanently deleted.

Duration: All images and videos will be retained for the duration of your child's enrolment at the service. Upon your child leaving the Service, images and videos will be permanently deleted, except those required for specific documentation as per the Education and Care Services National Regulations.

Section 4: Your Rights and Responsibilities

Withdrawal of Consent:

You have the right to withdraw or change your consent at any time. To do so, you must notify the Nominated Supervisor in writing, and your child's records will be updated and the use of their images/videos will be stopped as soon as is reasonably possible.

Service Responsibility:

The Service will take all reasonable steps to ensure that images are used only for the purposes for which consent has been given.

Family Responsibility:

The Service asks that families also respect the privacy of other children and their families by **not taking photos or videos of other children** without explicit permission from their parents.

Families are requested to not duplicate or upload to the internet or any social media platform (e.g. Facebook, Instagram) any photos of their own child that may at times also capture the image of other children, without the explicit permission of the other child's parents.

If there are child protection or custody issues in relation to the display of media, please see the Service Manager.

2025 AGREEMENT

As a part of your enrolment at our service we require you to confirm acceptance of the following items in order to be able to receive Government funding on your behalf. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement for Child Care Subsidy purposes. Please read these items and confirm by signing below.

I agree:

1. In the case of sudden illness, or accident, the parent/guardian will give authority for GASS OSHC to administer first aid and/or seek medical attention from a medical practitioner, hospital or ambulance and transport my child by ambulance if required.
2. To GASS OSHC staff taking pictures of my child for display at GASS OSHC and if permission granted on the GASS OSHC Facebook page only.
3. To be bound by the rules and regulations of the policy of GASS OSHC during the period of my child's enrolment.
4. I understand that I am responsible for any wilful damage of equipment or property caused by my Child.
5. To authorise my child's attendance on arrival (Before School Care & Vacation Care) and on departure (After School Care and Vacation Care), including all absent days, in accordance with the Arrivals and Departures of Children Policy
6. I hereby authorise Grand Avenue State School OSHC to release my child early, when attending BSC, to participate in a School excursion.
7. The School, Parents & Citizens Association through the Service Manager, reserves the right to have a child removed if he/she disturbs the proper functioning of the centre.
8. I confirm, that my details in the enrolment form, as well as the details of the child I am enrolling are correct; I have agreed to days of care within the service and understand the start and end times of these sessions of care; that care may be provided on a casual basis or flexible basis where available at the service at my request;
9. I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as a fee schedule or parent handbook) which are subject to change over time based on advice from the provider and acceptance by me. **Unpaid accounts will be sent to debt collector and collection fees will also become recoverable.**
10. I will use my own unique login and Pin to sign my child into and out of care as required at drop off and pick up time. I understand that each parent/guardian and authorised collector on my account is required to have their own unique login which is confidential and will not be given to any other person.

Activity risks and insurance

Grand Avenue P&C Association does not have personal accident insurance cover for children/students. If a child/student is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer to decide the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

Signatures/Consent:

First Parent / Guardian

I the undersigned have read all enrolment details and provided information to the best of my knowledge and agree to abide by them, including the taking, use and storage of images and videos of children.

Name: _____

Signature: _____

Date: _____

Second Parent / Guardian

I the undersigned have read all enrolment details and provided information to the best of my knowledge and agree to abide by them.

Name: _____

Signature: _____

Date: _____

Office Use Only

Commencement Date:

Contact Details Provided: YES / NO

Emergency contact Details Nominated: YES / NO

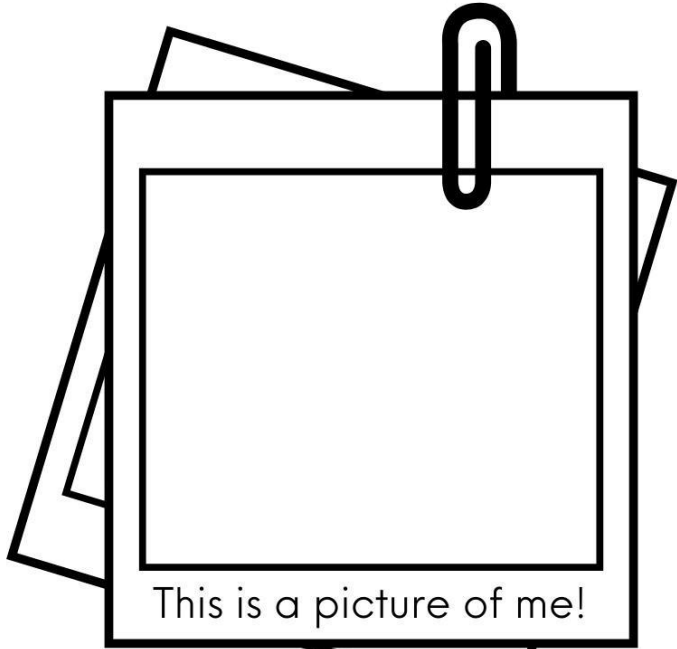
Dated:

Enrolment Processed By:

Last updated: September 2025

Please help us learn a little more about your child and ask them/help them to complete this page.

ALL ABOUT ME



Name: _____

Age: _____

FAVORITES:

Food: _____

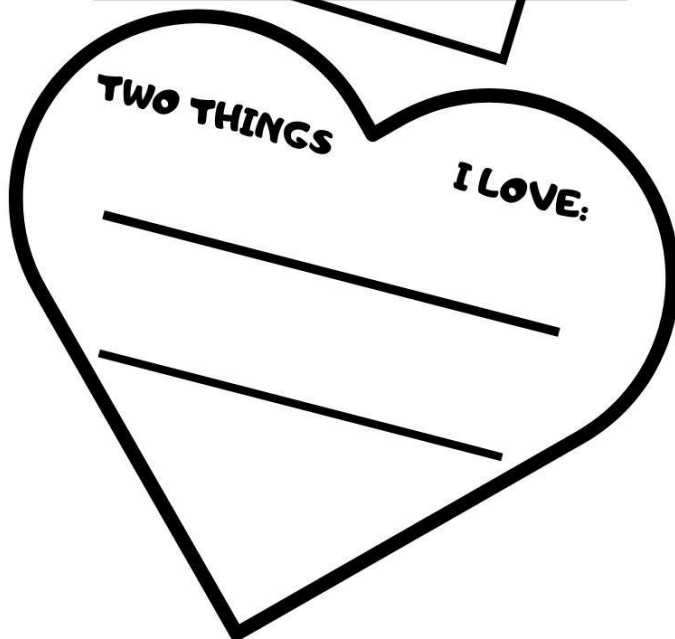
Color: _____

Animal: _____

Sport: _____

Season: _____

Game: _____



WHEN I GROW UP I WANT TO BE: _____
