

Trinity Lutheran College
Outside School Hours Care
Enrolment Induction Checklist

Excellence in Education.
Love for Humanity.



Enrolment Procedure

In order to maintain our high level of service the enrolment file checklist must be completed for each new child. The purpose of this form is to ensure that **prior to or on the day of commencement** all paperwork is completed and any other relevant details are addressed.

Enrolment Induction Checklist:

Please

Number	Item	Initial
1.	Parent/guardian has been shown the process for digitally signing the child in/out and shown where the kiosk is located. An explanation has been given about the link between the parent/guardian signatures and the payment of CCS for the family (if the family is eligible)	
2.	Parent/guardian has been given a copy of the Handbook and shown where to access full copies of all policies / procedures and legislation	
3.	An explanation of the fee structure and payment procedures has been given	
4.	Parent/guardian has been informed that a Medical Certificate for absence due to illness and a Clearance Form from a medical practitioner must be supplied if required for certain infectious diseases (as per Policy and 'Staying Healthy in Child Care')	
5.	Parent/guardian has been informed that all booked days must be paid for including absences, unless notice is given: 24 hours for BSC and ASC, and 48 hours' notice for Vacation Care	
6.	Parent/guardian has been shown the communication methods within the service – Notice board, parent communication book, suggestion box, service newsletter, daily one to one discussion, Facebook, portal	
7.	Parent/guardian has been invited to participate and/or contribute to the Services' planning and programs, and shown the QIP wall and monthly question	
8.	Parent/guardian has been taken on a tour of the Service	

Parent/guardian, please take the time to evaluate our induction process below:

Name: _____ **Signature:** _____ **Date:** _____



Dear Parent/Guardian,

To assist us in providing the best possible care for you and your child, please accurately complete the following form. We understand that paperwork can be time consuming, however this information will help us to provide individualised care that meets the specific needs of your child.

Please ensure you have read the accompanying documentation carefully prior to signing the enrolment agreement. This agreement is a binding contract and outlines your commitment with regards to:

- Providing current and accurate information about your child
- Notifying our Service of any changes that may impact on your child's needs or our provision of care
- Ensuring your contact details remain current at all times
- Payment of fees

We ask that you pay particular attention to each section that requires a signature as enrolment cannot proceed until all sections are signed. Do not hesitate to ask for assistance when completing the enrolment form. We are more than happy to help.

Your enrolment package consists of the following documents that must be completed and returned:

- ☐ ENR.002 Enrolment form
- ☐ ENR.015 Booking and Fee Agreement
- ☐ ENR.014 Xplor Agreement (*only applicable for QLECS Services using Xplor*)
- ☐ ENR.012 Parent Code of Conduct
- ☐ WHS.064 Permission to Dispense Paracetamol/Ibuprofen

The following documentation must be provided to the Service with your completed enrolment form:

- ☐ Immunisation History Statement
- ☐ Birth Certificate
- ☐ Health Care Card (*Long Day Care and Kindergarten Services Only*)
- ☐ Health Plans (*Anaphylaxis, Asthma or General Health Management Plan*)
- ☐ Documents relating to additional needs or diagnosed disability (*medical records, specialist support services referral*)
- ☐ Documents relating to any Parenting Order/Plan, Domestic Violence Orders or other legal documents relating to the child

Please ensure that all sections that have a green 'flag':  **are signed or initialled.**

Child's Name:

Commencement Date

Information About Your Child

Full Name

Other name(s) your child is known by

FAO Customer Reference Number (CRN)

Date of Birth

Age at enrolment

Gender

M

☐

F

☐

Country of birth

Home address

Cultural background

☐

Identify as Aboriginal

☐

Other:

☐

Identify as Torres Strait Islander

Language(s) used at home

Religion

Medicare Number

Expires

Medical Practice

Name of Medical Practitioner

Contact number

Address

Does the child have a Health Care Card

☐

Yes (please supply a copy)

☐

No

Care Arrangements and Legal Orders

In order to comply with Section 160 (4) of the Education and Care Services National Regulations the Service must be provided with copies of any Court appointed documents relating to the child, this may include but is not limited to:

Parenting Order means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 of the Commonwealth;

Parenting plan means a parenting plan within the meaning of section 63C(1) of the Family Law Act 1975 of the Commonwealth, and includes a registered parenting plan within the meaning of section 63C(6) of that Act.

Legal/Court Appointed Documents

Should your child be named in any legal document, such as a Restraining Order that legally denies a person/persons access to the child, **a copy of these documents will need to be provided to the Service.**

Is there a Parenting Order or Parenting Plan in place that relates to your child?

☐ Yes

☐ No

Is there a Protection Order in place in which your child is named?

☐ Yes

☐ No

Is there anyone legally denied access to the child?

☐ Yes

☐ No

Information About Your Child's Health and Wellbeing

A general health plan must be used to manage conditions that require ongoing monitoring or pose a particular risk such as epilepsy or children prone to febrile convulsions. All Health Management Plans must be signed by a medical practitioner and have been developed within the last 12 months. A copy must be provided to the Service upon enrolment. After completing the checklist below please provide details of all medical conditions, dietary restrictions and all conditions that require a management plan.

Is your child at risk of Anaphylaxis <i>(Please provide details in section 2 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a current Anaphylaxis Plan <i>(Please provide details in section 1 & 2 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have Asthma <i>(Please provide details in section 1 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a current Asthma Plan in place <i>(Please provide details in section 1 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child take medication regularly <i>(Please provide details in section 1 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a medical condition <i>(Please provide details in section 1 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a General Health Plan in place <i>(Please provide details in section 1 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child's immunisation up to date	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a medical exemption for immunisation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any dietary restrictions <i>(Please provide details in section 2 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child accessing any specialist support services or Allied Health professional <i>(Please provide details in section 3 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child present with any additional needs or have a diagnosed disability <i>(Please provide details in section 4 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any support with interpersonal relationships <i>(Please provide details in section 5 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any support with self care skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any support with mobility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any support communicating <i>(Please provide details in section 5 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any learning support <i>(Please provide details in section 5 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any additional support needs not mentioned above <i>(Please provide details in section 5 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Please provide details of all medical conditions including treatment and medications. If your child takes medication on a regular basis you will be required to complete a Long Term Medication form (WHS.009b)

2. Please provide details of all dietary restrictions

3. Please provide details of any specialist support services, such as Paediatrician, Occupational Therapy, Speech Pathology or other Allied Health professional your child sees

4. Please provide details of any disability your child has been diagnosed with or is currently being assessed for

5. Please provide details of any additional needs your child may have in terms of communication, interpersonal relationships and additional learning support they may need

Cultural Connections and Family Traditions

Please tell us about your family:

Are there any religious or cultural practices that your family observes?

Are there any family traditions or celebrations that are significant to your child?

What are your expectations for your child's time at our Service

Providing quality care and educational environments for your child is our goal. How can we best support your child whilst in our care?

Family Participation

Please indicate any areas family members may be able to offer any assistance or wish to participate in.

For example you may like to become involved in the Advisory Group, comprised of members from the parent group, college/school (where a Service is co-located on a school site), congregation and local community.

Alternatively you may have a particular skill you can share with the children or find time to help with maintenance

Parent/Guardian Information

1st Parent/Guardian Full Name

(Parent/Guardian who will be claiming CCS)

Relationship to child

Date of Birth

Do you reside with the child

☐

Yes

☐

No

If 'No' please enter your address below

Home Address

Home Phone

Work Phone

Mobile Phone

Email Address

Cultural background

☐

Identify as Aboriginal

☐

Other:

☐

Identify as Torres Strait Islander

Language(s) spoken at home

Religion

Workplace and Occupation

FAO Customer Reference Number (CRN)

2nd Parent/Guardian Full Name

Relationship to child

Date of Birth

Do you reside with the child

☐

Yes

☐

No

If 'No' please enter your address below

Home Address

Home Phone

Work Phone

Mobile Phone

Email Address

Cultural background

☐

Identify as Aboriginal

☐

Other:

☐

Identify as Torres Strait Islander

Language(s) spoken at home

Religion

Workplace and Occupation

Emergency Contacts and Authorised Nominees

In accordance with 170(5) of the Education and Care Services National Law and sections 160, 161, 102 & 99 of the Regulations, a Parent/Guardian is required to nominate Emergency Contacts and Authorised Nominees authorised to carry out the following responsibilities for their child.

Emergency Contact: a person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted;

Authorised nominee [collection]: a person who has been given permission by a parent or family member to collect the child from the education and care service

Authorised nominee [medical]: a person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child

Authorised nominee [excursion]: a person who is authorised to authorise an educator to take the child outside the education and care service premises

Emergency Contact/Authorised Nominee 1.

Emergency Contact ☐ Yes ☐ No Full Name

Authorised Nominee [collection] ☐ Yes ☐ No Email

Authorised Nominee [medical] ☐ Yes ☐ No Contact Number

Authorised Nominee [excursion] ☐ Yes ☐ No Street # and name

Relationship to child: Suburb and postcode

Emergency Contact/Authorised Nominee 2.

Emergency Contact ☐ Yes ☐ No Full Name

Authorised Nominee [collection] ☐ Yes ☐ No Email

Authorised Nominee [medical] ☐ Yes ☐ No Contact Number

Authorised Nominee [excursion] ☐ Yes ☐ No Street # and name

Relationship to child: Suburb and postcode

Emergency Contact/Authorised Nominee 3.

Emergency Contact ☐ Yes ☐ No Full Name

Authorised Nominee [collection] ☐ Yes ☐ No Email

Authorised Nominee [medical] ☐ Yes ☐ No Contact Number

Authorised Nominee [excursion] ☐ Yes ☐ No Street # and name

Relationship to child: Suburb and postcode

Emergency Contact/Authorised Nominee 4.

Emergency Contact ☐ Yes ☐ No Full Name

Authorised Nominee [collection] ☐ Yes ☐ No Email

Authorised Nominee [medical] ☐ Yes ☐ No Contact Number

Authorised Nominee [excursion] ☐ Yes ☐ No Street # and name

Relationship to child: Suburb and postcode

Authorisations

Medical Consent

I/We authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency. I/We give permission for staff to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and transportation of the child by an ambulance service.

In the case of an accident or emergency involving my/our child and accept responsibility for payment of all expenses associated with such treatment. I/We understand that every effort will be made to contact me/us in the event of any illness or accident. (Reg. 161).

1st Parent/Guardian Initial

Initial

2nd Parent/Guardian Initial

Initial

Authorisation to photograph and record video footage of child.

(compulsory; if no permissions granted please tick 'none of the below')

I hereby authorise representatives of the Approved Provider (such as the Nominated Supervisor or an Educator) to photograph and record video footage of my child and display their picture within the centre. In addition to this I also permit the specific uses indicated below. I understand that the Service where authorised will use images at their discretion.

None of the of the options below; permission is limited to displays within the service

☐

Photographs can be used in the Service newsletter

☐ Yes ☐ No

Photographs can be used in QLECS newsletters (distributed to staff and families in Lutheran communities)

☐ Yes ☐ No

Photographs can be used for advertising purposes within newspapers, for trade displays or local library

☐ Yes ☐ No

Photographs and video can be displayed on the Service Facebook page, which may be accessible by the general public

☐ Yes ☐ No

Photographs and video can be displayed on the QLECS website and Facebook Page accessible by the general public

☐ Yes ☐ No

1st Parent/Guardian Initial

Initial

2nd Parent/Guardian Initial

Initial

Authorisation to share information

In some cases where a Service is co-located on a school site, a request may be made for family contact details (postal or email) for the purpose of sharing school promotional and/or enrolment information

I give permission for my information to be shared with the co-located school or college

☐ Yes ☐ No

1st Parent/Guardian Initial

Initial

2nd Parent/Guardian Initial

Initial

Authorisation to apply Sunscreen and Insect Repellent

Prior to outdoor play children are required to have Sunscreen and where necessary Insect Repellent applied. Sunscreen and Insect Repellent is supplied by the Service and details of the product(s) used will be displayed at the Service on a WHS.027 Sunscreen Display Poster and/or WHS.059 Insect Repellent Display Poster for your information. Should your child have allergies that prevent the use of either product or the particular brand, you may supply a suitable alternative.

I give permission for my child to apply/have Insect Repellent applied for them as, supplied by the Service

☐ Yes ☐ No

I give permission for my child to apply/have Sunscreen applied for them, as supplied by the Service

☐ Yes ☐ No

I give permission for my child to apply/have Sunscreen applied for them, as supplied by our family

☐ Yes ☐ No

I give permission for my child to apply/have Insect Repellent applied for them, as supplied by our family

☐ Yes ☐ No

1st Parent/Guardian Initial

Initial

2nd Parent/Guardian Initial

Initial

Enrolment Agreement

In consideration of enrolling my child at the Service I the undersigned do hereby agree that:

1. I understand that in the case of sudden illness or accident, the Service Leader shall have discretionary power to take all reasonable steps to provide appropriate medical attention for my child; that the parents/guardians will be contacted as soon as possible; and that any costs incurred will be borne by the parents/guardians.
2. I agree to keep my child at home when suffering from a heavy cold or other infectious illness likely to affect the health of the other children or staff.
3. I agree to notify the Service promptly of the reasons for any absences.
4. I will ensure that the child is brought to the Service by a responsible person and taken to an Educator prior to the responsible person leaving the service.
5. I will ensure that the child is collected by an Authorised Nominee (identified on page 6 under Emergency Contacts and Authorised Nominees) before the official closing time. Should I be late collecting the child I agree to pay the Late Collection Fee. I will make every effort to inform the Service of changes in arrival and departure times and procedures, especially in regard to persons other than those recorded, collecting my/our child.
 - a. I understand that the Service cannot and will not allow my child to leave the service with a person who is not an Authorised Nominee unless permission is given by me to the Service prior to collection.
 - b. I understand and authorise that the Service does not release my child for collection to any person who appears to be under the influence of alcohol or drugs at the time of collection or who may, in the reasonable opinion of the Service, pose any other risk to my/ our child.
6. I understand and accept that families who enrol in a QLECS Service and have children who are not immunised, are bound by the following conditions:
 - a. Upon confirmation of an outbreak of a vaccine preventable disease, non-immunised children will be excluded from care during the incubation period and the recommended exclusion period. This applies where it can be reasonably assumed the child has been or will be exposed.
 - b. During the exclusion period full fees will be charged and must be paid in accordance with the fee policy
7. I agree to, on termination of my child's enrolment at the Service, give notice as per the Service policy or forfeit two week's fees, in lieu of notice. I am aware that if my child does not attend during the notice period, CCS cannot be claimed and I will be required to pay full fees.
8. I agree to notify the Service immediately of any change in my/our address and/or telephone numbers or any change in the addresses and/or telephone numbers of the Emergency Contacts and Authorised Nominees.
9. I understand that where we have defamed, offended, vilified or insulted the reputation of the Service, its employees, QLECS, the Lutheran Church its employees and officers, in any way on any social media forum or other publication that my child's booking will be terminated immediately and I agree to delete any public comments made immediately on the Services direction. I also acknowledge that the Service may seek legal representation in relation to any comments made by us either during or after my child's attendance at the service in relation to comments made by us in social media or other publication.
10. I have read the Parent Handbook about the Service and agree to co-operate in all things to the best of my ability. I have visited the Service and discussed with the Service Leader the enrolment of my child and understand the importance of family co-operation and agree to participate when possible in the activities of the Service. I agree to be bound by the constitution/ Rules and/or any by-laws of the Service/Association.
11. I understand that fees are payable in advance; that the normal fees will be payable at all times including the absence of my/ our child for sickness and holidays. If fees are not paid, my child's continued enrolment in the Service cannot be guaranteed. All accounts that do not have a zero balance prior to each statement run cycle will incur an Overdue Account Fee. Fees are payable as per the enrolment agreement regardless of whether a statement is issued.

1st Parent/Guardian signature

Date

Sign Here

2nd Parent/Guardian signature

Date

Sign Here

Trinity Lutheran College Outside School Hours Care

Additional Information and Agreements



Please note that all information on these forms will be treated as **strictly confidential**.

Where necessary, we may request to sight or copy documents to verify the information that you have given.

Please tell us your child's grade and class:

School your child attends, if different to TLC:

In case of an emergency, do you have a preferred hospital?

Additional Agreement:

1. I understand that I may need to sign an Excursion/Activity Permission Form for excursions or activities that are additional to the program
2. I give permission for my child's photo to be included on the TLC OSHC Portal/Facebook page **Yes / No** (circle one)
3. I understand that unless 24 hours' notice is given for a booking in Before School Care or After School Care I will be charge for the absent day and will be required to sign for the booking (48 hours for vacation care)
4. I will ensure that a Parent/Authorised Nominee signs my child in and out of the services
5. I understand that I must inform the service in writing/by phone if a person other than an Authorised Nominee will be collecting my child; photo identification will be required
6. I understand that the same guidelines that apply for children at TLC apply to children who attend the Trinity Lutheran College Outside School Hours Care service; parents may be contacted if a child displays continued unacceptable and/or disruptive behaviours so that an agreed Behaviour Management Plan can be implemented
7. I understand that I am responsible for any wilful damage of equipment or property caused by my child
8. I understand that I will need to complete a Medication Authority form for all prescribed medications to be administered by educators to my child; only prescribed medications can be administered by educators
9. I understand that the service will notify me immediately if my child is sick and I will arrange for the child to be collected from the service as soon as possible
10. I agree that the Service Leader may liaise with the Head of Campus, teachers and other professional staff at the College in regard to behavioural / medical / family issues that arise

First Parent/Guardian

Name

Signature:

Date

Second Parent/Guardian

Name

Signature:

Date

Please note that all Enrolment Document with appropriate consents from both parents (or guardians) must be returned PRIOR to your child commencing at Outside School Hours Care.

Child Profile

My name is: _____

My mum and dad call me _____ at home.

I have _____ sisters and _____ brothers at home.

Their names are:



I have _____ pets at home.

Their names are: _____

My favourite food is: _____

My favourite TV show is: _____

My favourite colour is: _____

My favourite song is: _____

My favourite activity or game at home is:

What else I like to play with at home:

Extra info to know about me:



Trinity Lutheran College OSHC

ENR.015 Booking and Fee Agreement (CWA) Out of School Hours Care

V7.19

Agreement Between
(Insert Parent/Guardian Name)

And

Trinity Lutheran College Outside School Hours Care

For the care of
(Insert Child's Name, Address and Date of Birth)

To commence on
(Insert Start Date)

Booking Preferences

Please check the box for each day you would like your child to attend on a routine basis and write approximate arrival and departure times underneath. Care offered under this Agreement is 'casual care' if specific days your child will attend are not selected.



Days	Before School Care Arrival Time	After School Care Departure Time	Vacation Care Arrival and Departure Time
Standard Operational Hours	6:45am to 8:45am	2:45pm to 6:00pm	7:00am to 6:00pm
Monday <input type="checkbox"/>			
Tuesday <input type="checkbox"/>			
Wednesday <input type="checkbox"/>			
Thursday <input type="checkbox"/>			
Friday <input type="checkbox"/>			

Booking Arrangement Type

The four different types of child care arrangements with details of each and information about whether Child Care Subsidy / Additional Child Care Subsidy is payable are outlined fully on page 3 of this document.

- ☐ CWA (Complying Written Arrangement)
- ☐ RA (Relevant Arrangement)
- ☐ ACCS (Additional Child Care Subsidy- Child Wellbeing provider eligible arrangement)
- ☐ OA (Arrangement with an Organisation)

Fee Information

The Service's fee schedule and billing frequency is listed below. Please note that fees listed are full fees and do not reflect any subsidies that you may be entitled to. Changes to the Fee Schedule will occur from time to time and families notified of all changes in writing

Billing Frequency: Weekly

Fee Schedule					
Fee	Before School	After School	Vacation Care	Late Fees	
Permant Fee Amount	\$18.00	\$25.00	\$66.00		
Casual Fee Amount	\$22.00	\$29.00	\$71.00		
CCS hours submitted per session	2	3.25	11		

In consideration of enrolling my child at the Service I, the undersigned, do hereby acknowledge and agree that:

1. My child must be signed in upon arrival and signed out before departure by a responsible adult each time they attend.
2. An Educator must be informed that my child has arrived and has been signed in at the Service.
3. My child will only be released in to the care of an Authorised Nominee (as listed on page 6 of the Enrolment Form). The Authorised Nominee collecting my child must notify an Educator that they are leaving the premises.
4. In the event that I require an alternate person to collect my child, that person must bring photo ID and show this to an Educator before collecting the child.
5. I am required to notify the Service as soon as possible if my child will be absent on a Booked Day
6. A minimum of 2 weeks' written notice must be provided when cancelling enrolments.
 - a. In lieu of 2 weeks' written notice being given, 2 weeks' fees (at a full fee rate) will be charged.
 - b. Should my child finish at the centre on an 'absence' this day and any absences immediately preceding this will be charged at the full daily fee rate.

In relation to account management and the payment of fees I, the undersigned, do hereby acknowledge and agree that:

1. I, as the nominated person(s) responsible for paying the account, agree to pay all fees in accordance with the Service's Policies and Procedures. I understand that if fees fall in to arrears my account may be referred to a debt collector. If this occurs I understand that I will be liable for all legal and administrative costs incurred by the Service in administering the liquidated debt and acknowledge and agree to indemnify the Service of these costs.
2. I the parent/guardian agree that the information provided in this application is true and correct and can be relied upon by the Service.
3. I the parent/guardian agree to notify the Service immediately should there be any change in circumstances from the details as outlined in the enrolment form including living arrangements of the child and/or parent/guardian within 7 days of the date of such a change.
4. I understand that fees are payable in advance. All accounts that do not have a zero balance prior to the next statement run will incur an *Overdue Account Fee*. Fees are payable as per the enrolment agreement regardless of whether a statement is issued.
5. I the parent/guardian agree to pay outstanding fees and cancellation fees where applicable together with all debt recovery expenses including fees, court costs, legal fees reasonably incurred by the Service.
6. In the case of a default of payment, I the parent/guardian acknowledge that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to the collection agency for legal recovery action.
7. I understand that in the case of a default on payments for child care fees, enrolment details may be listed on the National Default Registry for a period of six (6) years and thirty days or until paid.
8. I the parent/guardian acknowledge that care may be refused in the case of a default.

Paragraph 85BA(1)(b) of the Family Assistance Act provides that an individual is eligible for CCS where, among other requirements, the individual has incurred a liability to pay for a session of care under a complying written arrangement. Such an arrangement must clearly establish a liability to pay for sessions of care in order for an individual to be eligible for CCS for a session of care.

The service must submit an enrolment notice in the Child Care Subsidy (CCS) system, by law, within 7 days of signing a CWA.

Please be aware you will only be entitled to receive subsidy once the CWA has been signed by you on the 'myGov' portal

1st Parent/Guardian
signature

Date

Sign Here

2nd Parent/Guardian
signature

Date

Sign Here

Types of arrangement

There are four types of arrangement:

- Complying Written Arrangement
- Relevant Arrangement
- Additional Child Care Subsidy (child wellbeing) - provider eligible arrangement
- Arrangement with an organisation (third party).

An enrolment notice is required for each child attending the service, for any kind of arrangement. The description, and eligibility, of each type of arrangement is set out in the table below.

The enrolment notice will reflect the type of arrangement that is in place between the provider and the family/individual or organisation.

Arrangement Type	Description	Is Child Care Subsidy/ Additional Child Care Subsidy payable?
CWA Complying Written Arrangement	<p>A Complying Written Arrangement must set out the following:</p> <ul style="list-style-type: none"> the names and contact details of the provider and the individual(s) the date that the arrangement starts the name and date of birth of the child (or children) if care will be provided on a routine basis, and if so: details about the days on which sessions of care will usually be provided, and the usual start and end times for these sessions of care whether care may be provided on a casual or flexible basis (in addition to, or instead of, a routine basis) details of fees to be charged under the arrangement (this can be by reference to a fee schedule or information available on the provider's website maintained by the provider), that the parties understand may vary from time to time. <p>Additional information can be included to support the individual's understanding of their payment obligations.</p>	Yes - Child Care Subsidy or Additional Child Care Subsidy
RA Relevant Arrangement	<p>An arrangement between the provider and individual for the care of a child that does not meet the full requirements for a Complying Written Arrangement.</p> <p>Child Care Subsidy is not payable for care provided under a relevant arrangement. This type of enrolment notice is used only where a provider is sure that the family does not wish to claim Child Care Subsidy for the sessions of care they are going to provide, or the child's eligibility is not confirmed.</p>	No
ACCS Additional Child Care Subsidy (child wellbeing) - Provider Eligible Arrangement	Where a provider has identified a child is at risk of serious neglect or abuse, but no eligible individual can be identified. In this case, the provider effectively becomes eligible for Additional Child Care Subsidy for that child, rather than an individual.	Yes - Additional Child Care Subsidy
OA Arrangement with an organisation (third party)	Made when another party (for example, an employer, other organisation, or the state - such as for participants in the Adult Migrant English Program) is liable for the fees for care of the child.	No



A Code of Conduct provides guidelines for the desirable and appropriate behaviour of all parents, visitors and adult occupants (FDC) and also reflects the values and beliefs of the Service. The Code of Conduct is designed to provide principles and practices to guide adult behaviour.

This Code of Conduct outlines the behaviours we require all adults attending our Service and/or Family Day Care Educator's homes, to follow. It will assist in ensuring the safety and well-being of children, families, educators and staff.

Management has a legal responsibility to provide a safe environment for all children and staff attending the Service. Employers have a responsibility to provide, as far as practicable, a safe workplace that is free from discrimination, bullying and/or harassment. We ask that all parents/guardians, visitors, Authorised Nominees and Adult Occupants read and adhere to the standard of conduct below.

In relation to the children:

- Be a positive role model at all times.
- Always speak in an encouraging and positive manner.
- Listen actively to children and offer empathy, support and guidance where needed.
- Regard all children equally and with respect and dignity.
- Physical contact with children other than your own should be avoided, unless directed by an Educator, or if the safety of a child is compromised.
- All interactions with children should be undertaken in the presence of an Educator.
- Never do things of a personal nature for a child that they can do for themselves. For example, assisting the child in going to the toilet.
- Any matter or concern related to managing children's behaviour should be referred to a staff immediately. Never reprimand another person's child.

In relation to other adults:

- Use respectful, encouraging and acceptable language.
- Respect the rights of others as individuals.
- Give encouraging and constructive feedback rather than negative criticism.
- Accept staff/Educator decisions and follow their directions at all times. Speak with the staff, Educator or Service Leader if you have any problem complying with any direction.
- Be aware of routines and guidelines for children's play within the Service. Abide by them, and seek advice when unsure.

General Conduct:

- Refrain from public criticism of children and adults, either at the Service, Educators home or at functions outside of the Service.

- Any issue or grievance should be raised as outlined in the Service's Grievances and Complaints Procedure.
- Under NO circumstance should a child, parent/guardian or educator/staff member be approached directly in a confrontational manner.
- Smoking is prohibited on the property at all times. This includes the Service, Educators home during business hours, School and/or Church site.
- Respect the various cultural and linguistically diverse staff, Educators and families who attend the Service.
- Where applicable use the Service car parks appropriately and as they are marked e.g. Disabled car parks, keep clear signage etc.
- Do not enter restricted areas such as the kitchen, office and planning rooms unless you are with or directed/invited by a staff member or Educator.
- Sometimes Educators may need to discuss behavioural difficulties or developmental issues with you in regards to your child. Educators have the best interests of your child in mind when they are discussing these matters and are to be respected.
- Read the Service policies and ask questions if you require clarification of any content.
- Respect the policies and procedures that have been implemented to ensure the smooth running of the Service.
- Understand that QLECS does not support staff/Educators providing any outside services such as babysitting/child minding to families enrolled at the Service, due to conflicts this can cause.
- Understand that staff and Educators are not permitted to have families as friends on personal social networking sites, with the exception of family members or where a relationship was established prior to enrolment. QLECS values all employees as professionals and encourages professional relationships between clients and staff.
- Be responsible for any child you bring to the Service if they are not enrolled. This includes supervising them at all times to ensure they are safe, not causing damage to Service's property and are interacting safely and appropriately with other children.
- During operating hours at a Family Day Care Educator's home and during rostered contact time in our centre-based Services, an Educator's primary focus is the care of the children.

A breach of this code of conduct may result in your child's enrolment being terminated.

Please ensure your emergency contacts and authorised nominees are aware of the Code of Conduct for Parents and Visitors.

Name	Name
Signature	Signature
Date	Date

WHS.002 Excursion Permission Form 2021



TRINITY LUTHERAN COLLEGE OUTSIDE SCHOOL HOURS CARE

Dear Parent/Guardian

We would like permission to take your child on the following excursion:

Excursion Destination: Various destinations on Cotlew St Campus

Excursion Address (leave blank if excursion is on the Cotlew Street Campus)

Explanation of the purpose and activities to be undertaken:

Children and staff will walk to their destination to play in areas that are not currently licensed spaces, eg. upper car park for wheels day; new playground behind Prep

Method of transport: Children and staff will walk

Details of Child Restraints: (if applicable) N/A

Date of Excursion: (if a permanent weekly excursion on school grounds, state the day of the week)

Between Tuesday 5 January and Friday 24 December 2021

Estimated total travel time: 5 minutes

Estimated time of departure: Between 8.00am and 5.00pm

Estimated time of arrival at destination: 5 minutes after departure

Estimated return departure time: Between 8.30am and 5.30pm

Estimated return time to centre: 5 minutes after departure

DETAILS of staff accompanying the children: Any of the following

Full Name	Position	Qualification	Blue Card	First Aid
Sandy Holmes	Service Leader	Dip Chn Serv	yes	yes
Alyssa Shanta	Lead Educator	Dip Chn Serv	yes	yes
Dayelle Kendall	Educator	Dip Chn Serv	yes	yes
Shantelle Holmes	Lead Educator	Dip CS / Bach EC	yes	yes
Liam Haines	Educator	studying	yes	yes
Keily Newton	Educator	Studying Dip Chn Serv	yes	yes
Reign O'Lee	Educator	Studying Dip CS	yes	yes
Plus other staff as necessary				

DETAILS of the children participating:

Details of the children participating	Outside School Hours Care children
Total number of children	65
Total number of adults	5-8 (at least one Educator to 15 children)

I hereby give permission for my child (please add first name and surname) _____ to attend the excursions on the Cotlew Street Campus that will occur this year. I understand that I will be provided with full details of the excursion including date, time, destination and activities to be undertaken PRIOR to the excursion occurring.

Parent/guardian name and signature: _____

Date: _____

Please note: a Risk Assessment has been completed for these excursions - available on request