

The Lakes College - College Care

PO Box 888

Mango Hill QLD 4509

Phone: 07 3491 5512

Dear Parents and Carers,

Thank you for choosing to enrol your child/children in College Care (CC). In order to ensure the best quality care for your child/children completion of the following steps is necessary:

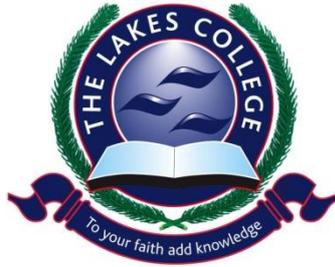
1. Complete the attached enrolment form and return to College Care. We require one form for each child being enrolled.
2. *College Care Visit*: If you wish to visit College Care for a pre-attendance orientation please feel free to email or contact the College Care office by phone or email to organise a suitable time. During the visit, our procedures and most relevant policies will be explained. We will ensure all parts of the enrolment forms are completed and bookings clarified. Alternatively the *Enrolment Form*, *Family Handbook* and *2018 Booking Confirmation Form* can be found on the College Care webpage on The Lakes College website: <http://www.thelakescollege.com.au/community/college-care>
3. College Care is an Approved Care Provider with The Australian Department of Human Services and therefore families are eligible to apply and claim for the Child Care Subsidy (CCS). If you have not yet been assessed for the Child Care Subsidy or have not received a Customer Reference Number (CRN) for yourself or your children, please access the following link:
<http://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy>

Please contact us with any enquiries regarding our service by phoning (07) 3491 5512 or by email at ehanson@thelakes.qld.edu.au.

We look forward to welcoming you and your child/children to our College Care family.

Sincerely,

Emily Hanson
College Care Director



ENROLMENT FORM

The Lakes College: College Care & Vacation Care

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD

By law, children will not be able to access College Care unless this form is completed and returned to the College Care office prior to first instance of use.

All sections of this form must be completed.

PRIVACY

At times College Care is required to collect information to comply with its legal requirements under the Education and Care Services National Law Act (2010) and Regulations (2011). This information is used to complete both State and Federal Government Census information and is kept and used in accordance with The Lakes College Privacy Policy.

On occasions College Care may need to share information with teaching staff from the Lakes College to work together to support the child's best interests.

Parent's CRN _____ (Mum) or (Dad) Child's CRN _____
Please Circle

CHILD'S INFORMATION:

Surname: _____	Given Names: _____
Address: _____	D.O.B.: _____
Postcode: _____	Class: _____
Country of Birth: _____	Gender: _____

CHILD'S INTERESTS:

Sporting groups child belongs to:	_____
Child's interests:	_____

CULTURAL BACKGROUND:

Aboriginal Descent:	Yes/No	Torres Strait Islander Descent:	Yes/No
Languages spoken at home (if not English): _____			
Cultural considerations and how it impacts on your child's health, participation and food: _____			

PARENTS' INFORMATION:

Mother / Guardian		Father / Guardian	
Address		Address	
Date of Birth		Date of Birth	
Home telephone		Home telephone	
Work telephone		Work telephone	
Place of work		Place of work	
Mobile telephone		Mobile telephone	
Country of birth		Country of birth	
Email:			

PARENT WORK STATUS: (Please tick appropriate box) This information is required by the Department of Families, Community & Indigenous Services for Census data collection.

Mother's Work Status		Father's Work Status	
Not Applicable	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Work > 15 hours a week	<input type="checkbox"/>	Work > 15 hours a week	<input type="checkbox"/>
Looking for work	<input type="checkbox"/>	Looking for work	<input type="checkbox"/>
Studying/Training	<input type="checkbox"/>	Studying/Training	<input type="checkbox"/>
Disability or Disabled Carer	<input type="checkbox"/>	Disability or Disabled Carer	<input type="checkbox"/>

PARENTS INTERESTS: (optional)

Would you be interested in sharing any of your interests – work, sport or hobby with the children of CC?
Please enter your details.

COLLECTION AUTHORISATIONS:

Include full name, address, mobile phone number, relationship to children and a photograph for identification purposes, of ALL individuals you authorise to deliver your child to, and collect your child from The Lakes College After and Before College Care sessions. The only contacts that do not require photographic identification are the main carers/guardians of the child; i.e. parents, step-parents or any other carer who will do most of the dropping off and collecting of the child from CC.

EMERGENCY CONTACTS:

Name: _____ Relationship to child: _____

Address: _____ Home Phone: _____

Mobile Phone: _____

Authorised to collect child: Yes/No

Name: _____ Relationship to child: _____

Address: _____ Home Phone: _____

Mobile Phone: _____

Authorised to collect child: Yes/No

Name: _____ Relationship to child: _____

Address: _____ Home Phone: _____

Mobile Phone: _____

Authorised to collect child: Yes/No

CUSTODY ARRANGEMENTS:

Are there any special custody arrangements in place that may affect collection of your child? **(Attach relevant documentation if YES)**

No Yes – (please give details below & attach any/all relevant documentation)

College Care will require evidence of the Custody Arrangement / Court Order & photos of the person/s not permitted to collect children.

MEDICAL DETAILS:

Medicare Number: _____	
Medical Centre & Address: _____	
Doctor's Name: _____	Telephone No: _____

MEDICAL HISTORY:

Fully Immunised?	Yes/No _____
Date of last Tetanus Injection: _____	
Does your child suffer from: <i>(Please circle yes or no below and provide details if possible)</i>	
Diabetes	Yes/No _____
Asthma	Yes/No _____
Epilepsy	Yes/No _____
Allergies/Reactions (including food)	Yes/No _____
Other	Yes/No _____
Medication/Treatment _____	

Does your child have a medical action plan? Yes/No _____	

C.C. requires, by law, a copy of the current medical action plan and any future amendments that may occur

Does your child have learning difficulties/disabilities? _____

Has your child been diagnosed with Autistic Spectrum Disorder? _____

Has your child been diagnosed with ADD/ADHD? _____

- I give permission for CC to **seek and provide** medical aid, including ambulance on my child's behalf and will meet any associated costs.
- I hereby authorise my child to be administered one dose of paracetamol as directed on the product packaging in an emergency such as a high temperature. All attempts will be made to contact the parent before administrating the medication.

IMPORTANT NOTE: MEDICATION

College Care may only administer medication if it is clearly labelled with Doctor's name, Chemist's details, student's name and dosage.

All medication administered will be recorded on the Medication Record form and will be checked by a second staff member before it is given. Medication forms must be completed in full by the parent or guardian prior to being administered to the child and must include the name, dosage and frequency of use of the medication. A CC staff member will provide the form for the parent to complete. Medication will not be administered without this form otherwise parents will be required to return to CC to administer the medication.

When the medication is administered by a staff member, this staff member will sign the medication form noting the time and another staff member will be present as a witness. Under no circumstances are students permitted to self-administer medication. The only exception to this is for asthma 'puffers', in which case the child must have a letter of authorisation signed by the Principal. They then may carry the medication on their person or in their bag.

Without direct permission from a parent or doctor, headache medication will not be administered. If a child has a headache the following procedure will be followed: an ice pack will be applied to the temple area for 5 – 10 minutes. If an ice pack fails to provide relief, a parent will be telephoned. The child will be observed for at least 10 minutes before being allowed to join the group.

SUNSCREEN

Do you give permission for your child to apply sunscreen (generic brand SPF30) provided by CC?

Yes/No

USE OF PHOTOS & VIDEO IMAGES

Do you give permission for members of College Care Staff to take pictures or video images of your child participating in CC activities and have these displayed within CC, the College and any College publications including The Lakes College website?

Yes/No

ABCC Behaviour Management Flow Chart

STEP 1.	Verbal Reminder - from College Care educator about expectations/rules. Re-direction if appropriate.
STEP 2.	One-on-one discussion – from College Care educator about the choices being made by the child and what may occur if the behaviour continues. Child instructed to write their name on the ABCC self-manage behaviour chart.
STEP 3.	Move to quiet space (Reflection time) – child to be seated away from the area or activity for approximately 5-10 minutes. Child is encouraged to think about their actions and reflect on how they may have affected others.
STEP 4.	Discussion with Director or Responsible person – Restorative chat with the Director/ Responsible person to occur <i>prior</i> to re-engagement with group. Incident discussed with child’s caregivers on arrival.
STEP 5.	Collection by Parent/Caregiver - Child is collected by a caregiver. Details of the incident will be recorded and kept in the child’s folder. A letter will also be sent home outlining concerns. Feedback from the parent and child is expected before the child is to re- enter the service.
STEP 6.	Temporary Suspension from College Care – Persistent inappropriate or dangerous behaviour will result in an initial suspension for 24 hours with a week probation period when attendance recommences. A Behaviour Contract will be put in place and discussed with child/caregiver/director and college principle. If the parents are contacted during this period, a further suspension of one day will occur. Enrolment may be terminated if inappropriate behaviours persist.
STEP 7.	Termination of College Care Enrolment - Care will be terminated for a period of one Term after reasonable measures have been taken to encourage positive involvement. Negotiation of terms for possible re-enrolment will occur after this period.

***THE OSHC DIRECTOR RESERVES THE RIGHT TO MISS ANY STEP IF THE BEHAVIOUR IS SERIOUS AND CONSIDERED TO BE ENDANGERING THE SAFETY AND WELLBEING OF ABCC CHILDREN AND STAFF**

AGREEMENT

I agree:

1. To be bound by, and adhere to, the Rules and Regulations of the Policies & Procedures of *The Lakes College: After & Before College Care (After/Before & Vacation Care)* during the period of my child's enrolment.
2. To pay all fees according to the rules of the policy of *The Lakes College: After & Before College Care*.
3. To electronically sign the attendance record on arrival (Before College Care & Vacation Care) and on departure (After College Care & Vacation Care) and any absences that may occur.
4. College Care, through the Director, reserves the right to have a child removed, suspended or banned from the service if he or she disturbs the proper functioning of the centre.

Signature: _____

Relationship to Child: _____

Witness: _____

Date: _____

**PLEASE READ POLICY DOCUMENTS FOR FULL INFORMATION ON THE LAKES COLLEGE
AFTER & BEFORE COLLEGE CARE**