

# Out of School Hours Care

Parent Information and Application Forms



**POSHC**

PARADISE OUT OF SCHOOL HOURS CARE

# PARADISE OUT OF SCHOOL HOURS CARE (POSHC) INFORMATION HANDBOOK

## Dear Parents and Guardians,

Thank you so much for your interest in Paradise Out of School Hours Care (POSHC).

The Staff and Management of POSHC would like to welcome you and your child/ren to what we believe will become a dynamic, interesting and fun program for your children as we look to develop a well-rounded OSHC service for our community.

We shall endeavour to make your child's stay with us as enjoyable and interesting as possible and so to assist us in making this happen, we would ask that you **please take time to read the following information booklet and complete the attached enrolment form.** In so doing, we will both be adequately informed and ready to assist each other towards running a smooth and enjoyable service.

## **OUR PHILOSOPHY OVERVIEW**

At POSHC we aim to provide a safe and welcoming environment where both you and your child/ren will feel cared for, comfortable and excited about your time with us.

Broadly POSHC aligns its aims and philosophy with the school and seeks to further the Christian education and development that is core to the school's purpose.

**The goal of POSHC is to serve the school community by fostering a supportive teaching and learning environment that provides students with skills, knowledge and understandings that will enable them to make effective choices about the decisions, resources and relationships that impact on their lives.**

To that end the core values of our service are:

- **Importance:** Respecting the needs and capabilities of each as individuals whilst maintaining an awareness of the needs of the group as a whole.
- **Inclusiveness:** Ensuring equality in the treatment and involvement of each child and providing an opportunity for participation in service outcomes.
- **Inspiration:** Supporting each child to develop creative potential and encourage a sense of self worth and achievement.
- **Influence:** Developing effective leadership skills that encourage each child to appropriately engage in their community.

Our goal is to provide stimulating activities that are both enjoyable and educational for all age groups between 5 and 14 and to this end, both parental and children's contributions will be valued and encouraged as part of planning and on going development of our OSHC program.

At any time if you have any suggestions or comments, please email our Director Marisa or write a comment in the communication book. Alternatively you may wish talk to our staff on site or call POSHC on 0433013304.

## **ABOUT OUR SERVICE AND PROGRAM**

Currently, as per government guidelines and accreditations, our OSHC program caters for primary school aged children for **Before School Care, After School Care and Vacation Care.**

Our program aims are linked to our core values which we endeavour to develop through a variety of different activities.

At POSHC we will provide a program that is reflective of the My Time, Our Place (MTOP) – Framework for School Age Care in Australia. *This* is part of the Australian Government's National Quality Framework (NQF) for early childhood education and care. Further information about the MTOP Framework and the NQF for school aged care is available at <http://education.gov.au/my-time-our-place-framework-school-age-care-australia>. Alternatively you can speak with our Director or Educational Leader if you have any questions.

We will aim for all children to meet all developmental outcomes of the framework:

- **Children have a strong sense of identity**
- **Children are connected with and contribute to their world.**
- **Children have a strong sense of wellbeing.**
- **Children are involved learners.**
- **Children are effective communicators.**

Within our program we will always aim to provide children with a variety of games and activities that will be safe, age- appropriate, and engaging.

**OPERATING HOURS**

BSC	6.50am – 8.40am
ASC	3.15pm – 6.00pm
Student Free Day at Cedar Only open if we have a minimum of 20 children book in	6.50am -6.00pm
Vacation Care	Held at Influencers Church 6.30am – 6.00pm

**Please note a late fee \$1 per min may apply for children who are not picked up by 6:00pm sharp!**

Parents will be contacted if they have not picked up their child/ren by 6pm. If contact cannot be made, emergency contacts will be called then if no one has arrived by 6.30pm Crisis Care/police will be called.

**ENROLMENT**

We require all families to fill out an **enrolment form** before they use our program. This will include siblings of children already enrolled at POSHC. The **booking form**, which shows us your intended POSHC usage, will need to be filled out at the beginning of each term and school holidays. We ask that forms are returned promptly to ensure your child does not miss out on a place.

**COSTS**

**BSC: \$15** – Includes breakfast.

**ASC: \$20-** Includes afternoon tea.

**Vacation Care:** In house \$55.00 Excursion/Incursion\$60.00 includes breakfast and afternoon tea and all excursions and incursions (unless otherwise stated on the program).

**Pupil Free Days: \$55 per day**

**CHILD CARE BENEFIT INFORMATION**

The rate of Child Care Benefit is based upon the family’s income. All families using approved care are eligible for at least the minimum rate of 16.52%. If you wish to apply for Child Care Benefits you must do so through Centrelink (Ph.13 61 50)

## **BOOKING IN FOR BEFORE AND AFTER SCHOOL CARE**

Bookings for Before and After School Care can only be confirmed once the completed enrolment form has been received and processed.

To help us plan appropriate activities and resources we would ask that OSHC bookings are done well in advance, ideally before, or at least at the beginning of each school term. Variations to this on a weekly or daily basis are permitted but preferably need to be done the day before or no later than **12.00pm** on the day **for After School Care** and no later than **6pm** the previous day for **Before School Care**.

All cancellations for BSC and ASC must be made by Friday 6pm, the week before Care. Any cancellations made on the day or during the week of care will be charged as **Absent**.

## **VACATION CARE**

As with BSC and ASC, Vacation Care bookings need to be made well in advance. Bookings will be taken at any time prior to holiday periods but must be handed in at least **2 week prior to a school holiday period**. After this, Vacation Care Bookings cannot be guaranteed.

Payment for Vacation Care needs to be paid by credit card only and card details must be given with the booking sheet.

## **SIGNING IN AND OUT**

Parents **must** sign their child/ren **in** for Before School Care and **out** of Afterschool Care. POSHC staff will sign your child out of Before School Care, and will sign them into Afterschool Care when they pick them up from school.

Please inform a POSHC staff member that you are collecting your child/ren, and remember to sign them out.

**The Federal Government has stated that this is mandatory as parents are handing over duty of care to our program.**

It is also important that parents do this so that staff can communicate any important information to families, as well as ensuring the safety of the children. We may also put general notices/announcements near our sign in/out sheets for your information which we would ask you to keep up to date with.

**Children are not permitted to leave the program on their own.**

If your children are to be collected by anyone other than those listed on your enrolment form, please let us know who this will be when you sign in your child/ren and leave a note on the sheet or in the communication book. Please inform that person that we may require identification from them at pick up time. We will not release your children to any unauthorised person. If your child will be participating in afterschool sport or other extracurricular activities during the afternoon, a **permission form must be filled out and given to the Director**.

## **PAYMENT OF ACCOUNTS**

Fees are to be charged per session. **Fees are strictly payable within 7 days after the account being issued.** Accounts **must** be brought to a **nil balance** at the end of each term in order to secure subsequent term bookings.

Accounts will be issued weekly on a Wednesday or when you first pick up your child for that week.

Payments can be made via the following options:

1. Credit card
2. Direct payment into our bank account.

Payment option forms will be issued accordingly and receipts will be given with your next account.

## **LATE PAYMENT OF FEES**

Failure to settle accounts promptly will result in a friendly reminder.

Accounts that remain outstanding will incur \$10.00 per week late fee and may unfortunately result in the withdrawal of your child's enrolment until payment has been received. This may in turn mean that your child will lose a place in our POSHC program.

Accounts that remain outstanding will be referred to a debt collector and the family will incur additional collection charges.

If at any time the parent/caregiver has an outstanding account, late administration fees may apply and will be billed to your account. If the parent/caregiver has their outstanding account sent to the debt collector for fee recovery they may also become liable for any other fees associated with the debt recovery.

If you are experiencing financial difficulties please see the coordinator to discuss the matter. All matters will be handled in the strictest of confidence.

## **ABSENCE FROM THE PROGRAM- ALLOWABLE ABSENCES**

Families are eligible for 42 days of Allowable Absences for each child per calendar year. An allowable absence is where Centrelink will pay Child Care Benefits even though the child did not use care. Days which count as an allowable absence are any casual absences caused by holidays or illness without a medical certificate. However, if a child is absent and you can still supply the following documentation then Centrelink will still pay the Child Care Benefits for the absent day and it will not be counted as an Allowable Absence:

- A medical certificate if the child or any other member of the family is ill.
- A statement from the parent or employer confirming that the parent works rotating shifts or has rostered days off.

When the 42 days are used then the parent/caregiver will have to **pay the full amount** of booked care.

**\*Please note that all allowable absences must be signed by parent/caregiver to be eligible for the payment of Child Care Benefits.**

## **AFTER SCHOOL CARE**

To ensure the safety of your child(ren), and to assist us in the smooth running of our program, **it is extremely important that you let us know if they will be absent from care.** If notice is not received, we will attempt to contact you to ensure that your child has been collected from school.

## **TIME OF NOTIFICATION**

The latest time of notification of attendance for **Before School Care** is **6pm the prior evening** and for **After School** it is **12.00pm on the same day**. Contact the Director Marisa on 0433013304 with the necessary details.

## **EXCURSIONS**

Cost of excursions is included in the daily fee **unless otherwise stated**.

Cancellations of the excursion are at the discretion of the Coordinator.

There is NO SPENDING MONEY to be brought along on excursions unless specified. Please make your booking for excursion/excursion days promptly as they may fill up fast. Also be aware that there may be a \$5 per family fee for cancellations after a certain date for some excursion/excursions. Information about this will be listed at the centre during each holiday.

## **MEALS AND SNACKS**

We aim to provide a varied menu that is healthy, nutritious and of course popular with the children's taste buds! A treat may be given occasionally. Water is available all day for the children to drink. **Please note: We require you to list any allergies, special diets and cultural or religious beliefs on the enrolment form provided.**

## **BEFORE SCHOOL CARE**

We will supply the children with a nutritious breakfast before they start the day. Children can choose to have cereal such as Weetbix or toast for their breakfast.

## **AFTER SCHOOL CARE**

We will supply the children with nutritious snack for Afternoon Tea. Water is available for the children to drink. Fruit is also available.

## **VACATION CARE**

Please provide your child with their own recess and lunch (as per a normal school day) and we will supply breakfast and afternoon tea. We encourage you to include healthy food options in your child/ren's packed lunch each day. Information about healthy food choices is displayed at our centre. If for some reason lunch is not provided we will provide a sandwich and the cost of \$1.50 will be added to your account.

## **ILLNESS**

You will be contacted if your child becomes ill while in our care, and you will be required to collect your child if requested to do so. We are obliged to comply with DECS guidelines concerning infectious diseases and exclusion practises. The emergency person will be phoned if we are unable to contact the parents. Please do not bring your child into care if they are already unwell and be mindful of appropriate incubation periods for some illness

## **MEDICATION**

If your child requires any prescribed medication the following conditions apply:

-Written permission and instructions, including clear dosage and times are to be filled out on the medication forms.

-Medication must be in the original container with child's name, date, description of medication and dosage.

- Action plan from the Doctor for any ongoing medical conditions or allergies such as Asthma.

Please note **we will no longer give Panadol and CANNOT accept permission over the phone to do so.** This medication must already be written up on the day to give. If your child gets a temperature you will need to come and collect them.

## **LABELLING OF BELONGINGS**

We request that all children's belongings bought to POSHC be clearly labelled. This includes:

- Lunch boxes and drink bottles
- Sport's equipment
- Bags
- Toys/dolls
- Clothing
- Mobile phones, Ds and iPods etc.

**Children bring items such as these to our program at their own risk; OSHC will not accept responsibility for loss or damage of any such items. Please check our lost property box for any lost item.**

## **BEHAVIOUR MANAGEMENT**

Our objective is to provide a **safe, caring and stimulating** environment for the children. The children, staff and families/carers will all participate in the development of the rules/responsibilities for the behaviour of the children while they are in care. These responsibilities will be clearly displayed in our room and communicated to children during regular group times. We will also go through them together at the beginning of each term and Vacation Care to orientate new children. These responsibilities promote the children's understanding that behaviour has consequences and that all of us have rights and obligations as part of the groups and the wider community to which we belong (*MTOP Learning Outcome 2*).

## **POSHC Behaviour management guidelines**

1. The program and environment will endeavour to support children to meet their needs for rest, play and socialisation. Staff will seek to develop trusting and supportive relationships with children to support their learning and development.
2. If a child is ignoring instruction, is disruptive to the group or is hurting another child, staff will speak to the child to alert them that the behaviour is unacceptable and will encourage that child to make a different choice.
3. Should the behaviour continue despite this warning the child may be pulled aside from the group for a one on one talk, or given a sheet to fill out to help them understand about the way they have behaved, possible solutions, better choices and so on (appropriate to the age of the child and the situation). Children will then be encouraged to reengage with the group and apologise to the child/ren they have hurt (if appropriate). In some circumstances we may encourage a child to sit out for some 'cool down' time.
4. If the child persists in breaking the rules a more serious consequence may be implemented, usually by the qualified staff person in the room, or the Director. Staff will speak with the Director about any ongoing behaviour issues.
5. If a child's behaviour continues to escalate and disrupt the program, the matter will be referred to the parents for appropriate action. The Coordinator reserves the right to terminate enrolment if negative behaviour still continues to be shown after all these methods have been used and/or if the safety of the child or other children is of concern.

## **SUN SMART - SLIP, SLOP, SLAP Term 1 and 4**

It is the parent's/caregiver's responsibility to ensure your child(ren) have a hat, **sun cream** has been applied before dropping your child off in the morning and **additional sun cream supplied for reapplication**.

Please send along extra warm clothing on colder days if needed. If your child comes to POSHC without these elements and we do not have any spares then they will not be able to participate in the particular outdoor activities scheduled.

## **DVD'S, MOVIES ETC**

When showing movies to the children they will be screened to ensure they are **G** or **PG** rated.

## **PRIORITY OF ACCESS**

When filling vacant places POSHC will fill them according to the following priorities:

Priority 1- a child at risk of serious abuse or neglect.

Priority 2- a child of a single parent who satisfies, or of parents who both satisfy the work, training, study test.

Priority 3- any other child.

## **ENROLMENT CHECKLIST**

To enrol your child you must have done the following:

- Thoroughly read and understood the information booklet
- Complete every section and signed the enrolment form
- Contact Centrelink if you wish to apply for Child Care Benefits on 136150
- Give a copy of your child's immunisations records

Please feel free to contact us on 0433013304 if you have any further questions or queries. We appreciate you taking the time to read through this handbook and look forward to being of service to you.

Kind Regards  
POSHC Management

**Cedar College OSHC  
Enrolment Form: Part 1**

Postal Address  
57 Darley Rd  
PARADISE SA 5075  
Ph: 83360068 or 0433013304

marisa.brady@paradise.asn.au

**CHILD**

Family Name:  Gender:  F /  M

First Name(s):  Known as:

Date of birth:  /  /  CRN:

Address No. / Street:  Town/ Suburb:

Postcode:  Primary Language:

Indigenous status: Aboriginal:  Yes /  No TS Islander:  Yes /  No

**PARENTING PLANS / ORDERS relating to this child**

**ENROLLING PARENT/GUARDIAN & BILLING DETAILS**

Name:

Date of birth:  /  /  CRN:

Relationship to child:  Contact Priority:  Primary Language:

Address: (h)   
(w)

Phone: (h)  (w)  (m)

Email:

**EMERGENCY CONTACTS & COLLECTION AUTHORITIES**

Name:  Contact Priority:

Address:  Relationship to child:

Phone: (h)  (w)  (m)

Name:  Contact Priority:

Address:  Relationship to child:

Phone: (h)  (w)  (m)

N.B. It is very important that you tell these people that you have nominated them. In nominating them you give them authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child until s/he can be returned home.

**IN CARE ELSEWHERE**

I am claiming Childcare Benefit at other Approved Childcare Service/s (which includes LDC, OSHC, FDC, IHC, OCC) for this number of children:

**OTHER PARENT/GUARDIAN (if applicable)**

Name:

Relationship to child:  Contact Priority:  Primary Language:

Address: (h)   
(w)

Phone: (h)  (w)  (m)

**COLLECTION AUTHORITIES ONLY**

Name:  Relationship to child:

Address:

Phone: (h)  (w)  (m)

Name:  Relationship to child:

Address:

Phone: (h)  (w)  (m)

N.B. The people nominated here have been given approval only to collect the child and should NOT be contacted in case of an emergency.



## Enrolment Form: Part 2

Child's Name:

### MEDICAL AND HEALTH INFORMATION

Has the child received all immunisations appropriate for her/his age?  Yes /  No

If no, please give details:  
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Has the child received the following immunisations? (please tick):

	10 - 13	12 - 18
	years	years
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Varicella (Chickenpox)	<input type="checkbox"/>	<input type="checkbox"/>
Human Papillomavirus (HPV)	<input type="checkbox"/>	<input type="checkbox"/>

I accept full responsibility if my child is not immunised.  
 Parent / Guardian signature:

Has the child any conditions / medications that may be effected by OSHC activities?

If yes, please give specifics and any related medication:  
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 -----

Has the child any disabilities?  Yes /  No      Effective date:

If yes, please record specifics:  
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Has the child any special needs?  Yes /  No      Effective date:

If yes, please record specifics:  
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Does the child usually require special aids (e.g. glasses, hearing aid etc.)?

If yes, please give details:  
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Has the child any special dietary needs not related to allergies?

If yes, please give specifics:  
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Has the child suffered any illness that may re-occur (e.g. chronic ear infection)?

If yes, please give details:  
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Has the child had any kind of allergic reactions?

Foods:	Reaction / Medication:
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Penicillin:	Reaction / Medication:
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Others:	Reaction / Medication:
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Is there any other medical information we might need to know?  
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Note: Please supply the service with required medications in original containers with the child's name clearly marked. Please complete a permission to administer medication form together with any medication records where necessary.

#### Usual Medical attendant

Doctor's name:	Phone No.:
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Clinic name:	-----
Address:	-----

#### Usual Dental attendant

Dentist's name:	Phone No.:
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Clinic name:	-----
Address:	-----

Medical Benefits cover with:

Ambulance cover with:

Medicare number:       Health Care Card number:

### Enrolment Form: Part 3

Child's Name:

#### BOOKINGS

<b>BSC</b>	<b>Mon.</b>	<b>Tue.</b>	<b>Wed.</b>	<b>Thu.</b>	<b>Fri.</b>	<b>Sat.</b>	<b>Sun.</b>
Arrive:							
Depart:							

From: / /  for:  weeks / or until: / /  or Ongoing (tick)

<b>ASC</b>	<b>Mon.</b>	<b>Tue.</b>	<b>Wed.</b>	<b>Thu.</b>	<b>Fri.</b>	<b>Sat.</b>	<b>Sun.</b>
Arrive:							
Depart:							

From: / /  for:  weeks / or until: / /  or Ongoing (tick)

<b>VAC</b>	<b>Mon.</b>	<b>Tue.</b>	<b>Wed.</b>	<b>Thu.</b>	<b>Fri.</b>	<b>Sat.</b>	<b>Sun.</b>
Arrive:							
Depart:							

From: / /  for:  weeks / or until: / /  or Ongoing (tick)

#### IS THERE ANYTHING MORE WE NEED TO KNOW?

(e.g. 1. any personal, religious or cultural practices/prohibitions that you would like the service to know or 2. comments on homework, behaviour management etc.)

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#### CONSENTS

Please initial next to each item to which you consent.

I understand that my child will be expected to behave appropriately while in care.

I consent for my child to take part in supervised walking excursions within the local area as part of the Centre's program.

I agree to pay the required fees for my child booked care at POSHC

I give the staff in POSHC permission to check my child's hair for head lice.

I allow the staff to exchange info about my child with each other and school staff

I give consent for my child to be taken by ambulance to the local hospital or doctor's surgery in the event of a minor injury. I understand that I am responsible for the cost associated with medical care, ambulance and hospital care

I give permission for my child to watch G and PG movies at OSHC

I give permission for staff of the Centre to administer panadol to my child if the need arises.

I consent for my child to be photographed and for their image and name to be published in circumstances the Director deems to be appropriate.

I consent for Centre staff to apply sunblock to my child if required.

I consent to my child's work being published in a newsletter and displayed.

I understand that my child needs written permission to travel alone to and from POSHC.

#### AGREEMENTS

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service.

I agree that the staff of the Service may administer simple first aid to my child if the need arises.

I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.

I certify that the information entered upon this form is true to the best of my knowledge

## AGREEMENTS

and I undertake to inform the Service if any of these details change.

Parent / Guardian signature:

Date:

Interviewed / Accepted by:

Date:



**DIRECT DEBIT REQUEST**

I/We request Paradise Out Of School Hours Care (ID 217981) to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below.

Name:

Address:   
  
 Postcode

Credit Card

Credit Card Number:

Expiry Date:

Name of Card Holder:

Signature:

Commencing on  please debit \$  from the above account each:

Week  Fortnight  Month



## Family Background Form

To help our staff with your child's development and to help us with our programming, we would love you to answer a few questions.

Child's Name: .....

Country of Origin: .....

Language/s spoken at home: .....

What religious or cultural practices would you like your child to be involved in at the centre?

.....  
.....

Please tell us the family members that your child lives with

- Siblings
- Aunts/Uncles
- Grandparent/s
- Cousins
- Other, please specify: .....

Are there any activities at the centre that may go against your family values or beliefs?

.....  
.....

Have you got anything that you could contribute or come in and show the children such as pictures, artefacts, musical instruments etc that could help us to share about your culture in our centre?

.....  
.....

Thankyou for taking the time to fill out this form, it will now help us to incorporate your family background with the other children, to promote a anti-bias and diverse environment for all.

## ABOUT ME

**Date:.....**

**Name :.....**

**How old are you?.....**

**Favorite Food:.....**

**Food I don't like:.....**

**Interests/Hobbies:.....**

**Favorite colour:.....**

**Allergies:.....**

**What's your favorite animal?.....**

**Do you have any pets at home?.....**

.....

**Favorite game/Activities?.....**

**I am afraid of:.....**

**What do you like to do on the weekends?.....**

.....

**Anything else you would like to tell us about yourself?**

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