

# Queensland Lutheran Early Childhood Services

*Excellence in Early Childhood Education and Care*

Dear Parent/Guardian,

Welcome to St Pauls Lutheran OSHC Caboolture

To assist us in providing the best possible care for you and your child, please complete the following form fully and accurately. 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.016 Booking form
- ENR.015 Fee Schedule and Payment Agreement
- ENR.014 Xplor Agreement (*only applicable for QLECS Services using Xplor*)
- ENR.009 Immunisation Enrolment Agreement
- ENR.012 Parent Code of Conduct

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.

## Information About Your Child

Full Name

Other name(s) your child is known by

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

FAO Customer Reference Number (CRN)

Does the child have a Health Care Card

Yes (please supply a copy)

No

Does the child have any siblings that attend an Approved Early Childhood Service

Yes (please list details below)

No

Service

(i.e OSHC, FDC or Kindergarten)

Number of siblings in care:

## 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 a copy 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have an Anaphylaxis Plan in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have an Asthma Plan in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child take medication regularly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a medical condition that may impact on their time in care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a General Health Plan in place	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child accessing any specialist support services or Allied Health professional	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child present with any additional needs or have a diagnosed disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any support with interpersonal relationships	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any learning support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any additional support needs not mentioned above	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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)

Please provide details of all dietary restrictions

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

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

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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 CCB)

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 Relationship to child

Authorised Nominee [medical]  Yes  No Contact Number

Authorised Nominee [excursion]  Yes  No Street # and name

Nominee Signature:  Suburb and postcode

### Emergency Contact/Authorised Nominee 2.

Emergency Contact  Yes  No Full Name

Authorised Nominee [collection]  Yes  No Relationship to child

Authorised Nominee [medical]  Yes  No Contact Number

Authorised Nominee [excursion]  Yes  No Street # and name

Nominee Signature:  Suburb and postcode

### Emergency Contact/Authorised Nominee 3.

Emergency Contact  Yes  No Full Name

Authorised Nominee [collection]  Yes  No Relationship to child

Authorised Nominee [medical]  Yes  No Contact Number

Authorised Nominee [excursion]  Yes  No Street # and name

Nominee Signature:  Suburb and postcode

### Emergency Contact/Authorised Nominee 4.

Emergency Contact  Yes  No Full Name

Authorised Nominee [collection]  Yes  No Relationship to child

Authorised Nominee [medical]  Yes  No Contact Number

Authorised Nominee [excursion]  Yes  No Street # and name

Nominee Signature:  Suburb and postcode

# Permissions

## 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 obtain any medical, hospital and 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 Here

2nd Parent/Guardian Initial

Initial Here

## Permission 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; a website accessible by the general public

 Yes  No

1st Parent/Guardian Initial

Initial Here

2nd Parent/Guardian Initial

Initial Here

## Permission 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 Here

2nd Parent/Guardian Initial

Initial Here

## Permission 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 and complete a Long Term Medication form (WHS.009b)

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

1st Parent/Guardian Initial

Initial Here

2nd Parent/Guardian Initial

Initial Here

# 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 fees must be paid in advance, that the normal fees will be payable at all times including the absence of my/our child for sickness and holidays. I understand that if fees are not paid, my child's continued enrolment in the Service cannot be guaranteed.
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, CCB 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; all accounts that do not have a zero balance each Monday morning prior to the statement run will incur an Overdue Account Fee. Fees are payable as per the enrolment agreement regardless of whether a statement is issued.

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1st Parent/Guardian signature

Date

 Sign Here

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2nd Parent/Guardian signature

Date

 Sign Here





The Australian and Queensland Government is strengthening the immunisation requirements already in place for Child Care Benefit (CCB), Child Care Rebate (CCR) and the Family Tax Benefit (FTB) Part A end of year supplement.

From **1 January 2016**, no vaccination objections will be accepted in order to receive the FTB Part A end of year supplement and child care subsidies. 'Conscientious objection' will be removed as an exemption category and children who are not immunised and do not have a valid exemption (except for babies under 12 months for the FTB Part A supplement) will not be able to receive these payments. This includes children enrolled in School-Aged Care (OSHC).

An Immunisation History Statement must be supplied when first enrolling your child and an updated Immunisation History Statement when your child passes the 2, 4, 6, 12, 18 months and 4 years vaccination milestones.

In Queensland, if your child is not up to date, the service can choose to:

- refuse enrolment
- cancel enrolment or refuse attendance
- conditionally accept enrolment or attendance.

Whilst **QLECS will continue to enrol children who are not immunised**, families who enrol in a QLECS Service and have children who are not immunised, are bound by the following conditions:

- 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.
- During the exclusion period full fees will be charged and must be paid in accordance with the fee policy

First Parent/Guardian

Second Parent/Guardian

Name

Name

Signature

Date

Signature

Date



Dear Families,

As you will be aware, from information contained in our Handbook, our service uses the Xplor application to document children's learning, manage our parent accounts and billing, communicate with families and connect to CCMS.

Xplor allows each child to have a secure, private profile, which can be accessed at any time from your smart device. It will notify you when our educators add new information such as observations, photos, examples of work or videos .

Xplor allows for more sharing between home and the service as you are able to comment, make suggestions and share experiences that are happening at home via the App. You will receive updates about your child's day while they are at the service, announcements, newsletters, and documentation of the children's learning are shared via Xplor.

Xplor also allows you to sign in and out electronically, and pay your fees direct from the App (where PayPal is available ).

More information, including instructions for downloading and using the App will be provided to you as part of your enrolment pack.

We encourage you to ask any questions you may have, request a demonstration from one of our Educators and read the information supplied that addresses the Terms of Use and Security of Xplor prior to signing the Xplor Agreement below.

I, \_\_\_\_\_  
*Insert full name here*

as Parent/Guardian for \_\_\_\_\_  
*Insert child/children's name here*

acknowledge and consent to the following:

- I am responsible for signing my child/children in/out via the Xplor App on my personal device (phone)
- In the event I am unable to sign my children in/out via my phone App I will do so via Xplor Hub on the Service iPad
- If my child is signed in/out by someone else (an Educator at the Service or an Authorised Nominee) I will approve the notification that my child/children were signed in/out in the Notification section on the App within a 12 hour period
- I understand that my child/children may be included in photographs that will be visible on the timelines of other children
- I will not share photographs from my child/children's timeline that include other children via any form of social media

I am aware that the Xplor Agreement forms part of the enrolment contract and by signing agree to all terms as set out above. Please note that all signatories below will be granted access to account details via the Xplor App and Online Portal.

1st Parent/Guardian signature	Can access Accounts <input type="checkbox"/>	Date	
2nd Parent/Guardian signature	Can access Accounts <input type="checkbox"/>	Date	

# St Paul's Lutheran OSHC Caboolture

ENR.015 Complying Written Agreement OSHC

V6 © QLECS 2018



**Agreement Between**  
(Insert Parent/Guardian Name)

**And**

St Paul's OSHC Caboolture

**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.

Please note that care offered under this Agreement allows for some flexibility surrounding a set of agreed routine days

Days	Before School Care Arrival Time	After School Care Departure Time	Vacation Care Arrival and Departure Time
Standard Operational Hours	6.30-8.30am	3.00-6.00pm	6.30-6.00pm
Monday	<input type="checkbox"/>		
Tuesday	<input type="checkbox"/>		
Wednesday	<input type="checkbox"/>		
Thursday	<input type="checkbox"/>		
Friday	<input type="checkbox"/>		

## Fee Schedule

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	Our Service offers the following payment options	
Fee	Permanent Fee	Casual Fee	Eftpos/Credit
BSC	\$18.00	\$18.00	Direct Deposit
ASC	\$25.00	\$25.00	
Vacation Care	\$48.00	\$48.00	




**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.*

1st Parent/Guardian signature	Date	
2nd Parent/Guardian signature	Date	
Service Representative Signature	Date	



A Code of Conduct provides guidelines for desirable and appropriate behaviour of all visitors, and 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 for parents/guardians and visitors outlines the behaviours we require all adults working and attending our centres to follow. It will assist in ensuring the safety and wellbeing of children, families and the staff.

Management has a legal responsibility to provide a safe and happy 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/authorised nominees 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 the staff, or if the safety of a child is compromised.
- All interactions with children should be undertaken in the presence of staff.
- Never do things of a personal nature for a child that he or she can do by him- or herself. For example, assisting him or her in going to the toilet.

### **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 the staff's decisions and follow their directions at all times. Speak with the staff 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.
- Any matter or concern related to managing children's behaviour should be referred to the staff immediately. Never reprimand another person's child.
- Refrain from public criticism of children and adults, either at the centre 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, School and/or Church site.
- Respect the various cultural and linguistically diverse staff and families who attend the centre.
- Use the centre 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 a staff member.

- Understand that sometimes staff may need to discuss behavioural difficulties, developmental issues etc with you and that staff have the best interests of your child in mind when they are discussing this.
- 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 providing any outside services such as babysitting/child minding to families enrolled at the Service, due to the conflicts this can cause.
- Understand that staff are not permitted to have families as friends on 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 property and are interacting safely and appropriately with other children.

A breach of this policy 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.

Parent/Guardian Name

Signature

Date

Parent/Guardian Name

Signature

Date



A school of the Lutheran Church of Australia Queensland District ARBN 051 602 996

55 Smiths Road, Caboolture QLD 4510  
P (07) 5495 5899 F (07) 5498 9950  
[postmaster@stpaulslps.qld.edu.au](mailto:postmaster@stpaulslps.qld.edu.au)  
ABN 30 085 586 784

I, \_\_\_\_\_, give permission for St Paul's Lutheran Primary School to share information with St Paul's Outside of School Care concerning my child/children and place my child/children in care if the need arises.

Child/Children's Name/s: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

St Pauls Outside School Hours Care  
PO Box 1324  
Caboolture QLD 4510  
T: 5428 0322  
E: [stpauls.oshc@qlecs.org.au](mailto:stpauls.oshc@qlecs.org.au)



QUEENSLAND LUTHERAN EARLY CHILDHOOD SERVICES

