



After School • Before School • Vacation Care

13 Gladstone Street, EMERALD 4720

P: (07) 4987 6628

M: 0438 170 848

E: admin@emeraldoshc.com.au

ABN: 27 166 947 842

Thank you for enquiring about Emerald Outside School Hours Care!

Please email the completed Pre-enrolment Details form, along with all your booking enquiries, to admin@emeraldoshc.com.au

From there, we will:

- Add you to our software, 'Xap'
- Send you a request to complete all your details online (or on the app 'Xap Smile') – please ensure you upload all relevant documents, as we cannot move forward from this step until it has been complete.
- Send you booking forms for the bookings you have enquired about

If you have any questions or concerns, please do not hesitate to contact the centre on 0438 170 848, or via email.

Thank you,

Melanie Williams :: Director



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M_ 0438 170 848 | (07) 4987 6628

E_ admin@emeraldoshc.com.au | E_ melanie.williams@emeraldoshc.com.au

13 Gladstone St, Emerald QLD 4720, Australia

Pre-Enrolment Details Collection Form

Once this form has been returned to the centre, you will receive an email request to fill in the rest of your details for the enrolment on Xap. Please ensure all fields are filled in, and relevant documents are uploaded. Please note that you can add in another guardian and children when entering the rest of your details on Xap.

Guardian's First Name:		Child's First Name:	
Guardian's Last Name:		Child's Last Name:	
Guardian's DOB:		Child's DOB:	
Guardian's CRN:		Child's CRN:	
Guardian's Email:		Street Number:	
Guardian's Mobile:		Street Name:	
Relationship to Child:		Suburb:	

Terms and Conditions

In consideration of my/our child/children's enrolment in the Emerald Outside School Hours Care, I, _____, understand, and agree that:

- I/we have discussed the enrolment of my/our child/children with the Director or Coordinator.
- I/we understand the fees are \$25.70 for Before School Care, \$31.00 for After School Care and \$88.70 for Vacation Care. This is per child, per day and includes all meals. Extra costs are noted for bus surcharges and excursions.**
- I/we understand payment is via bank transfer. Please reference your child/children first and last name.
- I/we understand that to cancel my child/children's School Term bookings, I/we must notify the Centre two weeks prior to the bookings date in written form, either text or email.**
- If this requirement is not met, your child/children will be marked as absent, and the standard daily fee will remain on your account. This includes unexpected illness or circumstance.
NOTE: If you are cancelling for Thursday the 03rd of February, you must notify the Centre by 6pm, Thursday the 20th of January.
- I/we understand that to cancel my child/children's Vacation Care bookings, I/we must notify the Centre by the booking forms due date (this is stated clearly on the form) in written form, either text or email.**
- If this requirement is not met, your child/children will be marked as absent, and the standard daily fee will remain on your account. This includes unexpected illness or circumstance.
NOTE: If the 'Spring Vacation Care Booking Form' is due back by Thursday the 16th of September, you must notify the Centre of any cancelled bookings for the Spring Vacation Care period by 6pm, Thursday the 16th of September.
- I/we understand if my/our child/children is in breach of the rules and behavioural guidelines I/we may be asked to come and collect my/our child/children from the Centre.
- I/we agree to notify a staff member at the Centre, if my/our child/children are to be collected by another adult. Child/children will not be allowed to leave the Centre with adults unknown to staff without prior parental permission.
- I/we agree to keep my/our child/children at home when they are suffering from a contagious or infectious illness. I/we agree to remove my/our child/children from the Centre if she/he becomes suddenly ill.
- I/we understand that if, in the case of a sudden illness or an accident, the parent/guardian/emergency contact cannot be contacted, the Director, Coordinator or any other responsible staff member, as agent for the parent, shall have discretionary power to seek immediate medical attention at my/our expense.
- I/we have read and will comply to the 'Exclusion for Behavioural Reason' listed in the 'Parents Handbook.'

Parent/Guardian's signature: _____ Date: ___/___/___