

**GOLD COAST POLICE CITIZENS' YOUTH CLUB**



**Gold Coast PCYC School Age Care  
Before and After School Care - Term 1 2010**



GUARDIAN SURNAME:  FIRST NAME:  FAMILY CRN:   
 HOME PHONE:  WORK  MOBILE:   
 EMAIL:  SCHOOL ATTENDING:

*Please print the number corresponding to the child's name eg 1 against the days you wish to book the child in for this program.*

CHILD 1	<input type="text"/>	CRN: <input type="text"/>	DOB: <input type="text"/>
CHILD 2	<input type="text"/>	CRN: <input type="text"/>	DOB: <input type="text"/>
CHILD 3	<input type="text"/>	CRN: <input type="text"/>	DOB: <input type="text"/>
CHILD 4	<input type="text"/>	CRN: <input type="text"/>	DOB: <input type="text"/>

*PLEASE NOTE: If Children need to be transported by GCPCYC Vehicles - all have safety restraints except for our 22 seater Coaster bus*

<b>BEFORE SCHOOL CARE \$11 per session</b>	<b>AFTER SCHOOL CARE \$15 per session</b>
<i>The children depart the club at 8.20am and arrives at schools by 8.45am</i>	<i>The transport leaves the club at 2.20pm to pick up the children from 2.45pm onwards from their schools. We arrive back around 3.30pm</i>

	<b>Week 1</b>		<b>Week 6</b>			<b>Week 1</b>		<b>Week 6</b>	
MONDAY	25-Jan	PFD	1-Mar	<input type="text"/>	MONDAY	25-Jan	PFD	1-Mar	<input type="text"/>
TUESDAY	26-Jan	Australia Day - Closed	2-Mar	<input type="text"/>	TUESDAY	26-Jan	Australia Day - Closed	2-Mar	<input type="text"/>
WEDNESDAY	27-Jan	<input type="text"/>	3-Mar	<input type="text"/>	WEDNESDAY	27-Jan	<input type="text"/>	3-Mar	<input type="text"/>
THURSDAY	28-Jan	<input type="text"/>	4-Mar	<input type="text"/>	THURSDAY	28-Jan	<input type="text"/>	4-Mar	<input type="text"/>
FRIDAY	29-Jan	<input type="text"/>	5-Mar	<input type="text"/>	FRIDAY	29-Jan	<input type="text"/>	5-Mar	<input type="text"/>
	<b>Week 2</b>		<b>Week 7</b>			<b>Week 2</b>		<b>Week 7</b>	
MONDAY	1-Feb	<input type="text"/>	8-Mar	<input type="text"/>	MONDAY	1-Feb	<input type="text"/>	8-Mar	<input type="text"/>
TUESDAY	2-Feb	<input type="text"/>	9-Mar	<input type="text"/>	TUESDAY	2-Feb	<input type="text"/>	9-Mar	<input type="text"/>
WEDNESDAY	3-Feb	<input type="text"/>	10-Mar	<input type="text"/>	WEDNESDAY	3-Feb	<input type="text"/>	10-Mar	<input type="text"/>
THURSDAY	4-Feb	<input type="text"/>	11-Mar	<input type="text"/>	THURSDAY	4-Feb	<input type="text"/>	11-Mar	<input type="text"/>
FRIDAY	5-Feb	<input type="text"/>	12-Mar	<input type="text"/>	FRIDAY	5-Feb	<input type="text"/>	12-Mar	<input type="text"/>
	<b>Week 3</b>		<b>Week 8</b>			<b>Week 3</b>		<b>Week 8</b>	
MONDAY	8-Feb	<input type="text"/>	15-Mar	<input type="text"/>	MONDAY	8-Feb	<input type="text"/>	15-Mar	<input type="text"/>
TUESDAY	9-Feb	<input type="text"/>	16-Mar	<input type="text"/>	TUESDAY	9-Feb	<input type="text"/>	16-Mar	<input type="text"/>
WEDNESDAY	10-Feb	<input type="text"/>	17-Mar	<input type="text"/>	WEDNESDAY	10-Feb	<input type="text"/>	17-Mar	<input type="text"/>
THURSDAY	11-Feb	<input type="text"/>	18-Mar	<input type="text"/>	THURSDAY	11-Feb	<input type="text"/>	18-Mar	<input type="text"/>
FRIDAY	12-Feb	<input type="text"/>	19-Mar	<input type="text"/>	FRIDAY	12-Feb	<input type="text"/>	19-Mar	<input type="text"/>
	<b>Week 4</b>		<b>Week 9</b>			<b>Week 4</b>		<b>Week 9</b>	
MONDAY	15-Feb	<input type="text"/>	22-Mar	<input type="text"/>	MONDAY	15-Feb	<input type="text"/>	22-Mar	<input type="text"/>
TUESDAY	16-Feb	<input type="text"/>	23-Mar	<input type="text"/>	TUESDAY	16-Feb	<input type="text"/>	23-Mar	<input type="text"/>
WEDNESDAY	17-Feb	<input type="text"/>	24-Mar	<input type="text"/>	WEDNESDAY	17-Feb	<input type="text"/>	24-Mar	<input type="text"/>
THURSDAY	18-Feb	<input type="text"/>	25-Mar	<input type="text"/>	THURSDAY	18-Feb	<input type="text"/>	25-Mar	<input type="text"/>
FRIDAY	19-Feb	<input type="text"/>	26-Mar	<input type="text"/>	FRIDAY	19-Feb	<input type="text"/>	26-Mar	<input type="text"/>
	<b>Week 5</b>		<b>Week 10</b>			<b>Week 5</b>		<b>Week 10</b>	
MONDAY	22-Feb	<input type="text"/>	29-Mar	<input type="text"/>	MONDAY	22-Feb	<input type="text"/>	29-Mar	<input type="text"/>
TUESDAY	23-Feb	<input type="text"/>	30-Mar	<input type="text"/>	TUESDAY	23-Feb	<input type="text"/>	30-Mar	<input type="text"/>
WEDNESDAY	24-Feb	<input type="text"/>	31-Mar	<input type="text"/>	WEDNESDAY	24-Feb	<input type="text"/>	31-Mar	<input type="text"/>
THURSDAY	25-Feb	<input type="text"/>	1-Apr	<input type="text"/>	THURSDAY	25-Feb	<input type="text"/>	1-Apr	<input type="text"/>
FRIDAY	26-Feb	<input type="text"/>	2-Apr	Good Friday - Closed	FRIDAY	26-Feb	<input type="text"/>	2-Apr	Good Friday - Closed

# QPCYWA School Age Care



## ACTIVITIES ESCORT FORM

I give permission for my child \_\_\_\_\_ to leave the care of the ( insert service-branch name) PCYC School Age Care in order to take part in other activities at the school/PCYC at the following times.

Day	Activity	Time	Venue	I require my child to be collected from activity by staff (Please Tick)	I will Collect my child from the activity (Please Tick)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

- I have discussed with my child the necessity of speaking to the staff member before leaving the centre, and of reporting to a staff member immediately on their return from the activity. Staff will sign my child in/out of the centre.
- I have discussed with my child the importance of walking straight to the activity and returning immediately to the centre on completion of the activity.
- I understand that, while away from the centre, my child will not be under the care of the centre.
- I understand that the centre's responsibility will begin once my child has returned to the centre and notified a staff member of their return.
- I understand that I will be charged for the time that my child is away from the centre.
- I undertake to notify the centre if and when this arrangement is to change.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Parent/Guardian PRINT

\_\_\_\_\_  
Date

**NOTE ONE FORM PER CHILD**

**For Office Use:**

Date Received by Coordinator: \_\_\_\_\_

Coordinator Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_



# QPCYWA

Queensland Police Citizens Youth Welfare Association

## Food Allergy Card

To the Chef,

### WARNING!

I am allergic to \_\_\_\_\_ . In order to avoid a life-threatening reaction, I must avoid foods that might contain

\_\_\_\_\_, including these ingredients.

Please ensure that my food does not contain any of these ingredients, and that any utensils and equipment used to prepare my meal, as well as prep surfaces are thoroughly cleaned prior to use.

Thank you for your cooperation.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_



# QPCYWA

Queensland Police Citizens Youth Welfare Association

## Teaching Tolerance

### Anti-Bulling Pledge

We the students of \_\_\_\_\_

Agree to join together to STOP bullying.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### **BY SIGNING THIS PLEDGE I AGREE TO:**

- Treat others respectfully.
- Try to include those who are left out.
- Refuse to bully others
- Refuse to watch, laugh or join in when someone is being bullied
- Tell an adult
- Help those who are being bullied

Signed by \_\_\_\_\_

Date \_\_\_\_\_

Coordinator \_\_\_\_\_



# QPCYWA School Age Care – Gold Coast Branch

## Before and After School Care Escorted Bookings: 2010

Private & Confidential

### Information

Please complete this form if you would like to book your children into Before School Care or After School Care for, 2009. Children must be school aged to use our Service. Children are transported by bus at the Ratio of 1Supervisor for every 11 children or bus at the ratio of 1 Adult for every 8 Children.

### 1. Child(ren)'s Details

(A) Child's Full Name (Please PRINT) Grade

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(B) Child's Full Name (Please PRINT) Grade

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(C) Child's Full Name (Please PRINT) Grade

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(D) Child's Full Name (Please PRINT) Grade

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### 2. Schools Child(ren) Attend

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

### 3. Start Date

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### 4. Before School Care Requirements

Please indicate the number of Before School Care places you require for a particular day. The Before School Care Bus Leaves the Centre at approximately 8.10am each morning arriving at Caningeraba at approx. 8.25am, Surfers Paradise at 8.45am

Monday	Tuesday	Wednesday	Thursday	Friday

Please indicate if these bookings are:

- Permanent  
 Casual

### 5. After School Care Requirements

Please indicate the number of After School Care places you require for a particular day.

Monday	Tuesday	Wednesday	Thursday	Friday

Please indicate if these bookings are:

- Permanent  
 Casual

### 6. After School Care School Pick Up

In order for your child to attend the centre you must and be aware of the pick up times.

Bus Run	School	Approx. Time
<b>Blue Run</b>	<input type="checkbox"/> St Kevin's Catholic School	2.40pm
	<input type="checkbox"/> Benowa State School	2.50pm
	<input type="checkbox"/> Bellevue State School	3.00pm
	<input type="checkbox"/> Surfers Paradise State School	3.10pm
<b>Green Run</b>	<input type="checkbox"/> Caningeraba State School	2.50pm
	<input type="checkbox"/> Miami State School	3.00pm
<b>Arrive at PCYC Centre</b>	All Buses	3.20 to 3.30pm

### Bus Specifications

**Gold Coast** PCYC is currently serviced by 2 School buses. Our Toyota, Coaster, is a 22 seater. To comply with ratios, a maximum number of 11 children can travel on this bus. It has 3 seats available for children to use with restraints; the remaining seats do not have restraints. We also have a Toyota Hi ace with 14 seats and all seats have restraints; and only 11 children will travel on this bus. Staff carry mobile phones.

### School Waiting Areas

**St Kevins.** 312 Benowa Rd Benowa. – Children are to wait under the Supervised undercover area until the bus arrives at approximately 2.40pm. As this area is already undercover, an alternative for wet weather is not required.

**Benowa.** Benowa Rd Benowa – Children are to wait in the supervised area under teacher direction until the bus arrives at approximately 2.50pm. In the event of Wet Weather, children are to wait in the Under Cover area until a PCYC staff member arrives to collect them.

**Bellevue.** Sapium Rd Southport – Children are to wait in the supervised area under teacher direction until the bus arrives at approx. 3.00pm. In the event of Wet Weather, children are asked to wait near the office until a PCYC Staff member arrives to collect them.

**Caningeraba.** Whistler Drv Burleigh Waters. – Children are asked to wait at the supervised under covered bus stop until the bus arrives at approximately 2.50pm. As this area is already undercover, an alternative for Wet Weather is not required.

**Surfers Paradise.** 42 St Andrews Ave Isle Of Capri – Children are to wait for the bus near the gate in front of the office until the bus arrives at approximately 3.10pm. In the event of Wet Weather, children are asked to wait in the undercover area called the "Pavillion"

### Children's Waiting Activities

From time to time, we are faced with having more children than spaces available on each bus. It is therefore necessary that sometimes children can be required to wait at the school at the ratio of 1 Supervisor for each 11 children waiting (or part thereof). Children waiting in this time can participate in word games, quiet reading or homework activities. Children are not permitted to return to classrooms during this time.

### Parent/Caregiver Statement

I give permission for my child/ren to be **escorted** to and from school by our buses for the duration of the school year 2009 on the days indicated and as notified to the centre should my circumstances change.

Parent/Care Provider Name

### Contact Telephone Numbers

Home	Mobile:
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**1. Important Information**

This form **MUST** be completed if your child requires medication whilst in attendance in the PCYC School Age Care Service. Please note all medication must be in the correct container and clearly labelled. Labelling must indicate child's name, required dosage and display a valid date. All medication must be handed to staff. Children cannot self medicate.

**1. Child's Details**

Family name (Please PRINT)

Given name(s)

Date of Birth

Day	Month	Year
/	/	

**2. Medication Details**

**Please Note: All prescribed and Un-prescribed medication will need a *Pharmaceutical Label* with *Child's Name* clearly printed.**

Is the medication prescribed (e.g. antibiotics, lotions) or un-prescribed (e.g. paracetamol, cough mixture)?

Prescribed  ⇒ *This form expires after 5 days*

Un-prescribed  ⇒ *This form expires after 1 day*

Name of Medication (as it appears on label)

Required Dosage

  


Date and Time medication to be given

  


**2. Medication Details - Continued**

Should medication be given:

Before food

With food

After food

Not applicable

Time last dose was administered

Reason for giving medication

Name of prescribing Doctor

Prescribing Doctor's telephone number

Special Instructions

**3. Parent's Authorisation**

I  Parent/guardian

Of

give permission for the staff at PCYC to administer the above medication.

Signature

Date



PRINT name

Office Use:

Day No	Dosage	Date Given	Time Given	Staff 1 Full Name	Initial 1	Staff 2 Full Name	Initial 2
1	A						
	B						
<i>Un-prescribed medications need a new form to be completed</i>							
2	A						
	B						
3	A						
	B						
4	A						
	B						
5	A						
	B						