



Enrolment Form 2017 07 - 506

How did you hear about YMCA OSHC?

Internet
 Yellow Pages
 Word of Mouth
 School
 Other _____

ACCOUNT INFORMATION	
YMCA OSHC Service:	Date Of Care To Begin:
Account Holder Surname:	Account Holder CRN: <small>(PERSON CLAIMING CCB)</small>
Child/ren's Address:	Postcode:
Phone (H):	School Attending:

PARENT/GUARDIAN INFORMATION – PLEASE PROVIDE COPIES OF ID				
Parent/Guardian 1 <small>(Account Holder) (CONTACT 1)</small>	Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F	Photo ID
	Address (H):	Postcode:		Sighted
	Phone (H):	Relationship To Child/ren:		<input type="checkbox"/>
	Mobile:	Email:		Copy
	Phone (W):	Occupation:	Employer:	Received
	Address (W):	Postcode:		<input type="checkbox"/>
Parent/Guardian 2 <small>(CONTACT 2)</small>	Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F	Photo ID
	Address (H):	Postcode:		Sighted
	Phone (H):	Relationship to child/ren:		<input type="checkbox"/>
	Mobile:	Email:		Copy
	Phone (W):	Occupation:	Employer:	Received
	Address (W):	Postcode:		<input type="checkbox"/>
Details of Parental Custody/Court Orders:		Documentation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the child/children in foster/kinship care?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a Risk Management Plan for the child/ren?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>If yes, please be advised we will contact the Child Safety Officer to confirm if there are any matters we need to be aware of that may impact the care arrangement, and if necessary we will work with you and Child Safety to develop a Risk Management Plan.</p> <p>Please provide contact details of the Child Safety Officer:</p>				

CHILD/REN'S INFORMATION					
	Child/ren's name Preferred name	Year/Grade	DOB	Gender	Child's CRN
1				<input type="checkbox"/> M <input type="checkbox"/> F	
2				<input type="checkbox"/> M <input type="checkbox"/> F	
3				<input type="checkbox"/> M <input type="checkbox"/> F	
4				<input type="checkbox"/> M <input type="checkbox"/> F	

Number of child/ren attending child care other than YMCA Outside School Hours Care:

MEDICAL & CULTURAL INFORMATION

Family Doctor:

Address:

Phone:

Medicare No:

Disabilities or medical conditions and details:

Management Plan supplied: Yes No

Please see Coordinator to complete forms 07-616 and 07-669

Please note the appropriate child's name below and give further details in the additional space section on this form.

Has your child/ren had a history of ill health or been hospitalised? No Yes Name:

Does your child/ren have any allergies? * No Yes* Name:

**Please see Coordinator to complete form 07-534*

Does your child/ren require staff to administer medication? * No Yes* Name:

**Please see Coordinator to complete form 07-534*

Does your child/ren have any fears? No Yes Name:

Has your child/ren received the relevant immunisations for their age? No Yes Name:

Does your child/ren have any special needs? * No Yes* Name:

**Please see Coordinator to complete forms 07-616 and 07-669*

Does your child/ren have a disability? * No Yes* Name:

**Please see Coordinator to complete forms 07-616 and 07-669*

Is your child/ren of Aboriginal (A) or Torres Strait Islander (T) origin?# No Yes (A) Yes (T)

It is a requirement of the Federal Department of Education that YMCA OSHC services gather this information. The Department of Education use this data for statistical purposes.

Language spoken at home:

Family Religion

Are there any cultural issues that you would like the service staff to be aware of? No Yes

Are there any behavioural issues that you would like the service staff to be made aware of? No Yes

Are there any particular food or drink preferences for your child/ren? No Yes*

**Please see Coordinator to complete form 07-612*

EMERGENCY CONTACTS – Please provide copies of ID

Emergency contacts and people over the age of 18, authorised to collect children, (other than parents/guardians [contacts 1 & 2] these are filled out on page 1)

Please place in specific call order, you must supply a minimum of 1;

CONTACT 3	Name:	Relationship to child/ren:	Photo ID Sighted <input type="checkbox"/> Copy Received <input type="checkbox"/>
	Address:		
	Phone:	Mobile:	
CONTACT 4	Name:	Relationship to child/ren:	Photo ID Sighted <input type="checkbox"/> Copy Received <input type="checkbox"/>
	Address:		
	Phone:	Mobile:	
CONTACT 5	Name:	Relationship to child/ren:	Photo ID Sighted <input type="checkbox"/> Copy Received <input type="checkbox"/>
	Address:		
	Phone:	Mobile:	
CONTACT 6	Name:	Relationship to child/ren:	Photo ID Sighted <input type="checkbox"/> Copy Received <input type="checkbox"/>
	Address:		
	Phone:	Mobile:	

INITIAL BOOKING

Please note that any changes to these initial bookings need to be submitted in writing using the YMCA OSHC Booking Form. Place a tick beside each day that care is required.

Before School Care		After School Care		OR	
<input type="checkbox"/> Monday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Full Time Care: every Before and After School Care session	
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Casual Care: bookings made as needed.	
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	Date care to Begin:	
<input type="checkbox"/> Friday	<input type="checkbox"/> Friday	<input type="checkbox"/> Friday	<input type="checkbox"/> Friday		

ADDITIONAL SPACE

Does your child have any additional needs you would like to make the service aware of? Is there any further information you would like to make the service aware of? For example, toileting requirements, likes, dislikes, etc.

ENROLMENT AGREEMENT

By enrolling my child/ren into YMCA care arrangements, I/We agree to the following:

- I/We agree to notify the Coordinator of any change to information provided on the enrolment form.
- I/We have read and understand the YMCA OSHC Fee Schedule and agree to pay all childcare fees incurred.
- I/We understand that it is my/our responsibility to ensure all Child Care Benefit requirements are fulfilled and if I/we fail to do so I/we will be responsible for paying full fees.
- I/We understand that I/we must link my/our child/ren to the service, provide my/our date of birth and provide family and child Customer Reference Numbers.
- I/We acknowledge that it is my/our responsibility to read the Parent Handbook which is on the website www.ymcachildcare.com.au and agree to abide by the rules, policies and procedures of the service.
- I/We have read the Access for Families Policy and understand that if necessary I/we may lose my/our bookings.
- I/We understand that it is necessary to personally sign child/ren out as required for the various care sessions. If any person apart from those listed on the enrolment form is to collect and sign out my/our child/ren, I/we agree to notify the Coordinator in advance and in writing to this effect.
- I/We agree to inform the Coordinator of any absence of my child/ren as soon as possible and understand that there may be fees associated with changing bookings.
- I/We understand that management and/or staff **cannot** enforce Family Court Orders or Domestic Violence Orders by law.
- I/We understand that, in the case of a Foster Care arrangement, management can contact the Case Worker to obtain strategies to work with the child/ren.
- I/We agree to keep my/our child/ren from attending the Program should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council (NHMRC). I/We accept that the Coordinator will enforce the NHMRC "Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases".
- I/We authorize all YMCA staff to provide any required first aid and further to ensure that appropriate medical attention is provided in an emergency. I/We give permission for YMCA to obtain at my/our cost medical, hospital and ambulance service in the case of an accident or emergency involving my/our child/ren.
- I/We give permission for staff and students to observe my/our child/ren to assist in developing activity programs.
- I/We give permission for staff to apply sunscreen to my/our child/ren prior to outdoor play.
- I/We give permission for my/our child/ren's name and/or photograph to be used for promotional purposes and service displays.
- I/We give permission for YMCA OSHC to use the email address provided to contact me/us regarding account issues and keep me/us updated with service newsletters and information.
- I/We give permission for OSHC staff to liaise with my/our child/ren's school administration staff to obtain contact details in an emergency.
- I/We give permission for OSHC staff to liaise with my/our child/ren's teacher when relevant to the well-being of my child/ren.
- I/We agree to pay any relevant additional charges including, but not limited to, late fees, cessation of care and incursion/excursion fees as per the fee schedule.
- I/We understand that copies of all of the parents and guardians ID need to be attached to this enrolment form in order to allow YMCA staff to relinquish care of my child/ren to any of the named contacts on this form.

Parent/Guardian Name:

Signature:

Date:

Parent/Guardian Name:

Signature:

Date:

SAFEGUARDING CHILDREN & YOUNG PEOPLE - The YMCA has a range of policies and procedures to keep children and young people safe. Details of these policies are available at: www.brisbaneymca.org along with information on how you can report child safety concerns.

Office Use Only

Date received:

Date Registration Fee paid:

Date entered into QK:

Enrolment data entered into QK by:

Foster/Kinship Care: Was CSO Contacted? Yes No

Foster/Kinship Care: Were there any risks Identified we need to manage? Yes No

If Yes has RMP been Developed? Yes No

If not, why not: