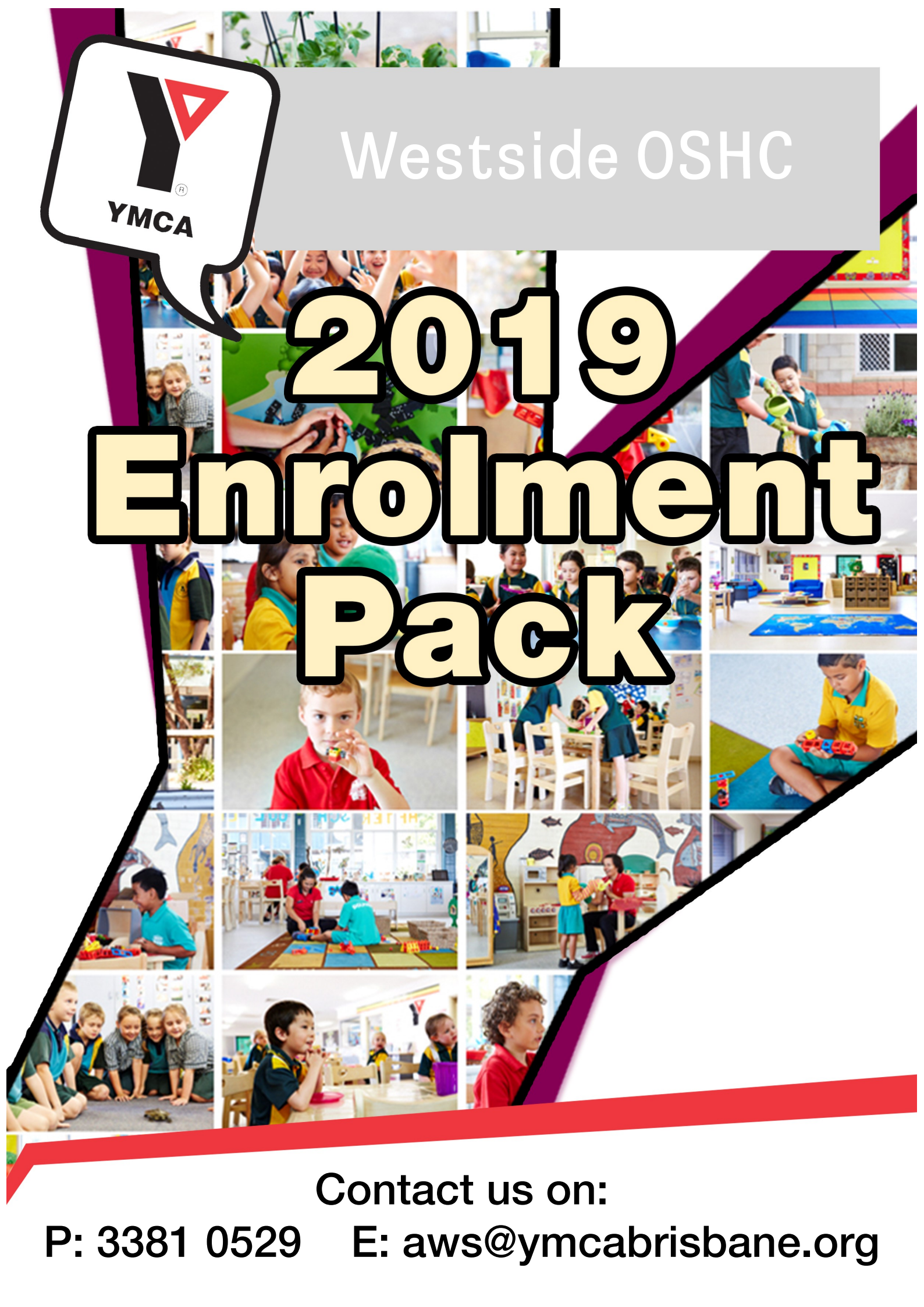





Westside OSHC

2019 Enrolment Pack



Contact us on:

P: 3381 0529 E: aws@ymcabrisbane.org

A silver paperclip icon is positioned to the left of the section header.

Important information

- Ezidebits are processed on a THURSDAY only and all permanent bookings will be processed on a fortnightly cycle. The first date for 2019 is 3rd January , then 17th January and so on.
- The account holder at the service must be the CRN holder for the account.
- CRNs and date of birth for account holder and children are required to link your account with CCS. Without these you will be required to pay full fees, or delay enrolment start date.
- All new enrolments must be confirmed by the CRN Holder through their myGov account.
- Please ensure that all sections on this form are filled out correctly and in full. Incomplete forms will not be accepted by your service Coordinator
- Parents are to advise any changes of bookings in writing, verbal changes will not be accepted.
- If you have any questions, queries or concerns relating to the enrolment of your child, please speak with your friendly Service Coordinator



**Thank
you**



Outside School Hours Care Enrolment Form 2019

How did you hear about YMCA OSHC?

☐ Internet ☐ Yellow Pages ☐ Word of Mouth ☐ School ☐ Previous Client ☐ Other _____

ACCOUNT INFORMATION

Account Holder Name:

Account Holder CRN: _ _ _ _ _

OSHC Location:

Email Address for Statements:

PARENT/GUARDIAN 1 (ACCOUNT CRN HOLDER) INFORMATION – PLEASE PROVIDE COPIES OF ID

Guardians are authorised to give permission for an Educator to take a child outside the education and care services premises as per YMCA policy.

Please ensure that Account Holder CRN (above) and Date of Birth (below) is correct to ensure prompt and accurate matching with Centrelink

Name: DOB: ☐ M ☐ F

Address (H): Postcode:

Primary Language: Cultural Background: Relationship To Child/ren:

Mobile: Phone (H): Email:

Phone (W): Occupation: Employer:

Address (W): Postcode:

Office use: Photo ID Sighted ☐ Copy Received ☐

PARENT/GUARDIAN 2 INFORMATION – PLEASE PROVIDE COPIES OF ID

Authority to collect child

Guardians are authorised to give permission for an Educator to take a child outside the education and care services premises as per YMCA policy

☐ Y ☐ N

Name: DOB: ☐ M ☐ F

Address (H): Postcode:

Primary Language: Cultural Background: Relationship To Child/ren:

Mobile: Phone (H): Email:

Phone (W): Occupation: Employer:

Address (W): Postcode:

Office use: Photo ID Sighted ☐ Copy Received ☐

MEDICAL INFORMATION

Family Doctor Name:

Surgery Name:

Address: Phone:

SAFEGUARDING CHILDREN & YOUNG PEOPLE The YMCA is committed to Safeguarding children and young people and has a range of policies and procedures to keep children and young people safe. Details of these policies are available at: www.ymcabrisbane.org along with information on YMCA's obligation to report child safety concerns, and 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:

AUTHORISED NOMINEES/EMERGENCY CONTACTS – Please provide copies of ID

Authorised Nominees/Emergency contacts are people over the age of 18. Emergency contacts are unable to authorise an educator to take a child outside the education and care service premises without written permission from the parent/guardian.

By listing contacts below, you are providing authorisation for YMCA OSHC to contact contacts in the event of an Emergency.

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

AUTHORISED NOMINEE/EMERGENCY CONTACT 3Photo ID ☐ Sighted ☐ Copy Received

Name:	This person is authorised to provide the following authorisations for my child/ren: <i>(please tick appropriate boxes)</i> <input type="checkbox"/> Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk <input type="checkbox"/> Medical treatment/Medical administration
Relationship:	
Address:	
Phone:	
Work Phone:	
Mobile:	

AUTHORISED NOMINEE/EMERGENCY CONTACT 4Photo ID ☐ Sighted ☐ Copy Received

Name:	This person is authorised to provide the following authorisations for my child/ren: <i>(please tick appropriate boxes)</i> <input type="checkbox"/> Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk <input type="checkbox"/> Medical treatment/Medical administration
Relationship:	
Address:	
Phone:	
Work Phone:	
Mobile:	

AUTHORISED NOMINEE/EMERGENCY CONTACT 5Photo ID ☐ Sighted ☐ Copy Received

Name:	This person is authorised to provide the following authorisations for my child/ren: <i>(please tick appropriate boxes)</i> <input type="checkbox"/> Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk <input type="checkbox"/> Medical treatment/Medical administration
Relationship:	
Address:	
Phone:	
Work Phone:	
Mobile:	

AUTHORISED NOMINEE/EMERGENCY CONTACT 6Photo ID ☐ Sighted ☐ Copy Received

Name:	This person is authorised to provide the following authorisations for my child/ren: <i>(please tick appropriate boxes)</i> <input type="checkbox"/> Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk <input type="checkbox"/> Medical treatment/Medical administration
Relationship:	
Address:	
Phone:	
Work Phone:	
Mobile:	

If any of the above Authorised Persons have not collected my child at the service closing time, I give permission for the Responsible Person in Charge to make necessary provisions to secure the care of my child. I also agree to pay a late pick up fee if I collect my child past licensed closing time of the service:

Signature: _____

Date: _____

CHILD 1 DETAILS		<i>Please ensure that child CRN and Date of Birth is correct to ensure prompt and accurate matching with Centrelink</i>		Health Record <input type="checkbox"/> Sighted <input type="checkbox"/> Copy Received	
Name:			Preferred Name:		
Child CRN: _ _ _ _ _			DOB:		<input type="checkbox"/> M <input type="checkbox"/> F
Cultural background:					
Child's Address:			Postcode:		
Year Level in 2019:			Language Spoken at home:		
Child's Medicare Number:		Reference Number:		Expiry Date:	
Initial Booking Pattern:		<input type="checkbox"/> Casual	<input type="checkbox"/> Permanent	Weekly Pattern Fortnightly Pattern	Care Start Date:
Booking Type:		<input type="checkbox"/> Complying Written Arrangement - Registered with Centrelink, wanting to claim CCS now. Care Agreement needs to be confirmed by parent in myGov account. FULL FEES WILL APPLY UNTIL CCS IS GRANTED BY CENTRELINK AND PARENT CONFIRMS BOOKING THROUGH MY GOV ACCOUNT.			
		<input type="checkbox"/> Relevant Arrangement - Does not wish to claim CCS now or at a later date. No confirmation needed in myGov. FULL FEES WILL APPLY FOR ENTIRE PERIOD OF ENROLMENT			
		<input type="checkbox"/> Arrangement with Organisation - Fees being paid by third party (i.e. Austim Qld, Charity group, Employer) and the external party will be responsible for FULL FEES to be paid with no CCS able to be applied.			
Week 1 Before School:		<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Week 1 After School:		<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<small>If Fortnightly Pattern please complete Week 2</small>					
Week 2 Before School:		<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Week 2 After School:		<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Is child of Aboriginal (A) or Torres Strait Islander (T) Origin?			No	Yes (A)	Yes (T)
Disabilities, allergies, anaphylaxis or medical conditions and details:			Management Plan supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please see Coordinator for forms 07-616, 07-534 ,07-669</small>		
Details of Parental Custody/Court Orders:			Documentation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there anyone legally denied access to child? Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the child in foster/kinship care?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a Risk Management Plan for the child?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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.					
Please provide contact details of the Child Safety Officer:					
Has child received the relevant immunisations for their age?*			<input type="checkbox"/> No <input type="checkbox"/> Yes <small>*If YES please provide copy of child's Health Record to Coordinator</small>		
Does child have any additional needs?*			<input type="checkbox"/> No <input type="checkbox"/> Yes <small>*If YES please see Coordinator to complete forms 07-616 and 07-669</small>		
Does child require staff to administer medication?*			<input type="checkbox"/> No <input type="checkbox"/> Yes <small>*If YES please see Coordinator to complete form 07-534</small>		
Has child had a history of ill health or been hospitalised?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
Does your child have any fears?			<input type="checkbox"/> No <input type="checkbox"/> Yes <small>*If YES please provide details:</small>		
Are there any behavioural issues that you would like the service staff to be made aware of?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
Are there any particular food or drink preferences for your child?*			<input type="checkbox"/> No <input type="checkbox"/> Yes <small>*If YES please see Coordinator to complete form 07-612</small>		
Does your family participate in any particular religious or cultural practises that are significant for your child?			<input type="checkbox"/> No <input type="checkbox"/> Yes <small>*If YES please provide details:</small>		

CHILD 2 DETAILS		<i>Please ensure that child CRN and Date of Birth is correct to ensure prompt and accurate matching with Centrelink</i>		<i>Health Record <input type="checkbox"/> Sighted <input type="checkbox"/> Copy Received</i>	
Name:			Preferred Name:		
Child CRN: _ _ _ _ _			DOB: <input type="checkbox"/> M <input type="checkbox"/> F		
Cultural background:					
Child's Address:			Postcode:		
Year Level in 2019:			Language Spoken at home:		
Child's Medicare Number:		Reference Number:		Expiry Date:	
Initial Booking Pattern:	<input type="checkbox"/> Casual	<input type="checkbox"/> Permanent	Weekly Pattern Fortnightly Pattern	Care Start Date:	
Booking Type:	<input type="checkbox"/> Complying Written Arrangement - Registered with Centrelink, wanting to claim CCS now. Care Agreement needs to be confirmed by parent in myGov account. FULL FEES WILL APPLY UNTIL CCS IS GRANTED BY CENTRELINK AND PARENT CONFIRMS BOOKING THROUGH MY GOV ACCOUNT. <input type="checkbox"/> Relevant Arrangement - Does not wish to claim CCS now or at a later date. No confirmation needed in myGov. FULL FEES WILL APPLY FOR ENTIRE PERIOD OF ENROLMENT <input type="checkbox"/> Arrangement with Organisation - Fees being paid by third party (i.e. Austim Qld, Charity group, Employer) and the external party will be responsible for FULL FEES to be paid with no CCS able to be applied.				
Week 1 Before School:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Week 1 After School:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<small>If Fortnightly Pattern please complete Week 2</small> Week 2 Before School:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Week 2 After School:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Is child of Aboriginal (A) or Torres Strait Islander (T) Origin?			No	Yes (A)	Yes (T)
Disabilities, allergies, anaphylaxis or medical conditions and details:			Management Plan supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please see Coordinator for forms 07-616, 07-534 ,07-669</small>		
Details of Parental Custody/Court Orders:			Documentation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there anyone legally denied access to child? Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the child in foster/kinship care?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a Risk Management Plan for the child?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
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.					
Please provide contact details of the Child Safety Officer:					
Has child received the relevant immunisations for their age?*			<input type="checkbox"/> No <input type="checkbox"/> Yes		
<small>*If YES please provide copy of child's Health Record to Coordinator</small>					
Does child have any additional needs?*			<input type="checkbox"/> No <input type="checkbox"/> Yes		
<small>*If YES please see Coordinator to complete forms 07-616 and 07-669</small>					
Does child require staff to administer medication?*			<input type="checkbox"/> No <input type="checkbox"/> Yes		
<small>*If YES please see Coordinator to complete form 07-534</small>					
Has child had a history of ill health or been hospitalised?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
Does your child have any fears?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
<small>*If YES please provide details:</small>					
Are there any behavioural issues that you would like the service staff to be made aware of?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
Are there any particular food or drink preferences for your child?*			<input type="checkbox"/> No <input type="checkbox"/> Yes		
<small>*If YES please see Coordinator to complete form 07-612</small>					
Does your family participate in any particular religious or cultural practises that are significant for your child?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
<small>*If YES please provide details:</small>					

CHILD 3 DETAILS		<i>Please ensure that child CRN and Date of Birth is correct to ensure prompt and accurate matching with Centrelink</i>		Health Record <input type="checkbox"/> Sighted <input type="checkbox"/> Copy Received <input type="checkbox"/>	
Name:			Preferred Name:		
Child CRN: _ _ _ _ _			DOB: <input type="checkbox"/> M <input type="checkbox"/> F		
Cultural background:					
Child's Address:			Postcode:		
Year Level in 2019:			Language Spoken at home:		
Child's Medicare Number:		Reference Number:		Expiry Date:	
Initial Booking Pattern:	<input type="checkbox"/> Casual	<input type="checkbox"/> Permanent	Weekly Pattern Fortnightly Pattern	Care Start Date:	
Booking Type: <input type="checkbox"/> Complying Written Arrangement - Registered with Centrelink, wanting to claim CCS now. Care Agreement needs to be confirmed by parent in myGov account. FULL FEES WILL APPLY UNTIL CCS IS GRANTED BY CENTRELINK AND PARENT CONFIRMS BOOKING THROUGH MY GOV ACCOUNT. <input type="checkbox"/> Relevant Arrangement - Does not wish to claim CCS now or at a later date. No confirmation needed in myGov. FULL FEES WILL APPLY FOR ENTIRE PERIOD OF ENROLMENT <input type="checkbox"/> Arrangement with Organisation - Fees being paid by third party (i.e. Austim Qld, Charity group, Employer) and the external party will be responsible for FULL FEES to be paid with no CCS able to be applied.					
Week 1 Before School:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Week 1 After School:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<small>If Fortnightly Pattern please complete Week 2</small> Week 2 Before School:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Week 2 After School:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Is child of Aboriginal (A) or Torres Strait Islander (T) Origin?			No	Yes (A)	Yes (T)
Disabilities, allergies, anaphylaxis or medical conditions and details:			Management Plan supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please see Coordinator for forms 07-616, 07-534 ,07-669</small>		
Details of Parental Custody/Court Orders:			Documentation attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there anyone legally denied access to child? Name:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the child in foster/kinship care?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a Risk Management Plan for the child?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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.					
Please provide contact details of the Child Safety Officer:					
Has child received the relevant immunisations for their age?*			<input type="checkbox"/> No <input type="checkbox"/> Yes		
<small>*If YES please provide copy of child's Health Record to Coordinator</small>					
Does child have any additional needs?*			<input type="checkbox"/> No <input type="checkbox"/> Yes		
<small>*If YES please see Coordinator to complete forms 07-616 and 07-669</small>					
Does child require staff to administer medication?*			<input type="checkbox"/> No <input type="checkbox"/> Yes		
<small>*If YES please see Coordinator to complete form 07-534</small>					
Has child had a history of ill health or been hospitalised?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
Does your child have any fears?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
<small>*If YES please provide details:</small>					
Are there any behavioural issues that you would like the service staff to be made aware of?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
Are there any particular food or drink preferences for your child?*			<input type="checkbox"/> No <input type="checkbox"/> Yes		
<small>*If YES please see Coordinator to complete form 07-612</small>					
Does your family participate in any particular religious or cultural practises that are significant for your child?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
<small>*If YES please provide details:</small>					

ENROLMENT AGREEMENT

- I/We agree that fees must remain paid as per the YMCA OSHC Fee Policy. I/We agree that it is my/our responsibility to ensure all Centrelink requirements are fulfilled and that I/We must provide relevant Date of Birth and CRN's to link with Centrelink. I/We agree that failing to provide relevant information or fail to communicate with Centrelink regarding my/our circumstances I/we will be required to pay full fees. I/We understand that fee's may change during the time of my enrolment and I will be notified of these by YMCA OSHC Educators.
- I/We agree to pay any relevant additional charges including, but not limited to, Late Fees, Cessation of Care and Incursion and Excursion fees.

Parent/Guardian Name:

Signature:

Date:

Parent/Guardian Name:

Signature:

Date:

- I/We agree to notify the Coordinator of any change to information provided on the enrolment form. ☐ No ☐ Yes
- 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. ☐ No ☐ Yes
- I/We have read the Access for Families Policy and understand that if necessary I/we may lose my/our bookings. ☐ No ☐ Yes
- 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. ☐ No ☐ Yes
- I/We understand that management and/or staff **cannot** enforce Family Court Orders or Domestic Violence Orders by law. ☐ No ☐ Yes
- 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. ☐ No ☐ Yes
- 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". ☐ No ☐ Yes
- I/We understand that if do not provide a current Health Record my child will be considered as "Not-up-to-date" or not Immunised until such time as I/We provide the Health Record. ☐ No ☐ Yes
- I/We authorise 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. ☐ No ☐ Yes
- I/We give permission for staff and students to observe my/our child/ren to assist in developing activity programs. ☐ No ☐ Yes
- I/We give permission for staff to apply sunscreen to my/our child/ren prior to outdoor play. ☐ No ☐ Yes
- I/We give permission for my/our child/ren's name and/or photograph to be used for promotional purposes and service displays. ☐ No ☐ Yes
- 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. ☐ No ☐ Yes
- 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. ☐ No ☐ Yes
- 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. ☐ No ☐ Yes
- I/We understand that copies of all of the parents, guardians and emergency contacts ID need to be attached in order to allow YMCA staff to relinquish care of my child/ren to any of the named ☐ No ☐ Yes

Parent/Guardian Name:

Signature:

Date:

Parent/Guardian Name:

Signature:

Date:



**YMCA of Brisbane
OSHC Administration Office**

P: 07 3354 0444

F: 07 3354 0445

**Brisbane.oshc@ymcabrisbane.org
www.ymcachildcare.com.au**

