



Enrolment Form 2015

07 - 506

How did you hear about YMCA OSHC?

Internet Yellow Pages Word of Mouth

School Other _____

YMCA OSHC Service:	Date of care to begin:
Account Holder Surname:	Account Holder CRN: <small>(PERSON CLAIMING CCB)</small>
Children's Address:	
Phone (H):	School attending:

	Child's name ----- Preferred name	Class	DOB	Gender <input type="checkbox"/> M <input type="checkbox"/> F	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 children attending child care other than Outside School Hours Care: _____

Parent/Guardian 1 <small>(Account Holder)</small>	Name: _____	DOB: _____	<input type="checkbox"/> M <input type="checkbox"/> F
	Address (H): _____		Postcode: _____
	Phone (H): _____	Relationship to children: _____	
	Mobile: _____	Email: _____	
	Employer: _____	Occupation: _____	
	Address (W): _____	Phone (W): _____	

Parent/Guardian 2	Name: _____	DOB: _____	<input type="checkbox"/> M <input type="checkbox"/> F
	Address (H): _____		Postcode: _____
	Phone (H): _____	Relationship to children: _____	
	Mobile: _____	Email: _____	
	Employer: _____	Occupation: _____	
	Address (W): _____	Phone (W): _____	

Details of Parental Custody/Court Orders: _____ Documentation attached: Yes No

Family Doctor:		
Address:		
Phone:	Medicare No	
Disabilities or medical conditions and details:		Management Plan supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please note the appropriate child's name below and give further details in the additional space provided at the end of the form.</i>		
Has your child/ren had a history of ill health or been hospitalised?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child/ren have any allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child/ren require staff to administer medication? If yes, please see a member of staff to complete form 07-534.	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child/ren have any fears?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child/ren received the relevant immunisations for their age?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child/ren have any special needs? #	<small>*Please see Coordinator for forms:07-616 and 07-669</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child/ren have a disability? #	<small>*Please see Coordinator for forms:07-616 and 07-669</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is your child/ren of Aboriginal (A) or Torres Strait Islander (T) origin? #	<input type="checkbox"/> No	<input type="checkbox"/> Yes (A) <input type="checkbox"/> Yes (T)

Language spoken at home:		
Family Religion:		
Are there any cultural issues that you would like the service staff to be aware of?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Are there any particular food or drink preferences for your child/ren?		<input type="checkbox"/> No <input type="checkbox"/> Yes

Please note that 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.

Emergency contacts and people authorised to collect children, *other than parents/guardians*:

1. Name:	Relationship to child:

Address:	

Phone:	Mobile:

2. Name:	Relationship to child:

Address:	

Phone:	Mobile:

3. Name:	Relationship to child:

Address:	

Phone:	Mobile:

4. Name:	Relationship to child:

Address:	

Phone:	Mobile:

- 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/children to the service, provide my/our date of birth and provide family and child Customer Reference Numbers.
- I/We acknowledge that I/we have received a Family Handbook 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 children 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/children, 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/children 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 agree to keep my/our child/children 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/children.
- I/We give permission for staff and students to observe my/our child/children to assist in developing activity programs.
- I/We give permission for staff to apply sunscreen to my/our child/children prior to outdoor play.
- 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's/children's school administration staff to obtain contact details in an emergency.
- I/We give permission for OSHC staff to liaise with my/our child's/children's teacher when relevant to the well-being of my child/children.
- I/We agree to pay any relevant additional charges including, but not limited to, late fees and incursion/excursion fees.

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.

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.

Parent/Guardian Name:	
Signature:	Date:
Parent/Guardian Name:	
Signature:	Date:

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

<i>Office Use Only</i>			
Date received:		Date Registration Fee paid:	
Date entered into QK:		Enrolment data entered into QK by:	