ENROLMENT FORM 2017

81 Byrnes Road Nth, Joyner Phone: 3882 1436 Fax: 3882 1951 Email: camp.warrawee@ymcabrisbane.org

Family Surname:		Family CRN:	
Address:		P/Code:	
Email:			
Parent/Guardian 1	Name:	DOB:	☐ M ☐ F
	Phone (H):	Phone (W):	
	Mobile:	Relationship to children:	
Parent/Guardian 2	Name:	DOB:	☐ M ☐ F
	Phone (H):	Phone (W):	
	Mobile	Relationship to children:	
Details of Parental Custody/Court Orders:		Documentation attached: ☐ Yes ☐ No	
Family Doctor:			
Phone:		Medicare No	
Language spoken at home:			
Family Religion:			
Is your child/ren of Aboriginal (A) or Torres Strait Islander (T) origin		☐ No ☐ (A) ☐ (T)	
Are there any cultural issues that you would like the service staff to be aware of?		☐ No ☐ Yes	

 # Please note that it is a requirement of the Department of Education, Employment and Workplace Relations (DEEWR) that YMCA Vacation Care services gather this information. DEEWR use this data for statistical purposes.

Emergency contacts and people authorised to collect children, *other than parents/guardians*:	
1. Name:	Relationship to child:
Phone: Home/Work	Mobile:
2. Name:	Relationship to child:
Phone: Home/Work	Mobile:

How did you hear about us: ☐ Been Before ☐ Friend ☐ Website ☐ Letterbox Flyer ☐ Other_______________________________________

Do you have any skills/hobbies that you would like to share with the children ☐ No ☐ Yes (please describe)_______________________________________

I am claiming weekly Child Care Benefit ☐ YES ☐ NO **I am claiming end of year Child Care Benefit** ☐ YES ☐ NO

Name of person (wife/husband) who has the link with the child and receives the Assessment Notice_______________________________________

	Child's name	Age	DOB	Gender	Child's CRN
				☐ M ☐ F	
1	Does your child have a history of ill health? *(please name)*.....................				☐ YES ☐ NO
	Does your child have any allergies (i.e. Asthma)? #Action Plan must be provided *(please supply)*				☐ YES ☐ NO
	(please name)				
	Does your child require staff to administer any medication? If yes, Please see a staff member to complete form 050				☐ YES ☐ NO
	Does your child have any dietary requirements? *(please name)*.....................				☐ YES ☐ NO
	Does your child have any special needs? # Management Plan must be provided *(please supply)*				☐ YES ☐ NO
	Does your child have a disability # Management Plan must be provided *(please supply)*				☐ YES ☐ NO
	Has your child received the relevant immunisations for their age?				☐ YES ☐ NO
	Is your child able to swim confidently?				☐ YES ☐ NO
2	Child's Name	Age	DOB	Gender	Child's CRN
				☐ M ☐ F	
	Does your child have a history of ill health? *(please name)*.....................				☐ YES ☐ NO
	Does your child have any allergies (i.e. Asthma)? #Action Plan must be provided *(please supply)*				☐ YES ☐ NO
	(please name)				
	Does your child require staff to administer any medication? If yes, Please see a staff member to complete form 050				☐ YES ☐ NO
	Does your child have any dietary requirements? *(please name)*.....................				☐ YES ☐ NO
	Does your child have any special needs? # Management Plan must be provided *(please supply)*				☐ YES ☐ NO
	Does your child have a disability # Management Plan must be provided *(please supply)*				☐ YES ☐ NO
	Has your child received the relevant immunisations for their age?				☐ YES ☐ NO
	Is your child able to swim confidently?				☐ YES ☐ NO
3	Child's Name	Age	DOB	Gender	Child's CRN
				☐ M ☐ F	
	Does your child have a history of ill health? *(please name)*.....................				☐ YES ☐ NO
	Does your child have any allergies (i.e. Asthma)? #Action Plan must be provided *(please supply)*				☐ YES ☐ NO
	(please name)				
	Does your child require staff to administer any medication? If yes, Please see a staff member to complete form 050				☐ YES ☐ NO
	Does your child have any dietary requirements? *(please name)*.....................				☐ YES ☐ NO
	Does your child have any special needs? # Management Plan must be provided *(please supply)*				☐ YES ☐ NO
	Does your child have a disability # Management Plan must be provided *(please supply)*				☐ YES ☐ NO
	Has your child received the relevant immunisations for their age?				☐ YES ☐ NO
	Is your child able to swim confidently?				☐ YES ☐ NO
4	Child's Name	Age	DOB	Gender	Child's CRN
				☐ M ☐ F	
	Does your child have a history of ill health? *(please name)*.....................				☐ YES ☐ NO
	Does your child have any allergies (i.e. Asthma)? #Action Plan must be provided *(please supply)*				☐ YES ☐ NO
	(please name)				
	Does your child require staff to administer any medication? If yes, Please see a staff member to complete form 050				☐ YES ☐ NO
	Does your child have any dietary requirements? *(please name)*.....................				☐ YES ☐ NO
	Does your child have any special needs? # Management Plan must be provided *(please supply)*				☐ YES ☐ NO
	Does your child have a disability # Management Plan must be provided *(please supply)*				☐ YES ☐ NO
	Has your child received the relevant immunisations for their age?				☐ YES ☐ NO
	Is your child able to swim confidently?				☐ YES ☐ NO

Do you have another child in care? If yes, please advise our office along with their name, date of birth, and CRN so we can charge your correct percentage.

- 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 terms and conditions which outline the payment of fees 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 am aware that the parent handbook is available at the service and agree to abide by the rules, policies and procedures.
- I/We have read the Access and Inclusion Policy Statement 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 understand staff will remind children to apply sunscreen however my/our child/children will apply the sunscreen.
- I/We give permission for my child/ren's photo/s, video or artwork to be used to promote the initiatives of the YMCA including on YMCA social media sites, newsletters, website, or any other promotional material.
- I/We give permission for YMCA 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 agree to pay any relevant additional charges including, but not limited to, late fees and incursion/excursion fees. A late fee per child of $15.00 up to and including the first 15 minutes and a further $15.00 for part of or full 15 minute block thereafter will apply and is payable for late collection of children after 5:30pm.
- I/We agree and understand that my/our child/children must follow behaviour management guidelines as outlined in the Parent Handbook whilst participating in the program. I/We agree and understand that any breaches of our behavioural management policies may result in exclusion from activities or the program upon immediate notification from the Coordinator, and that fees will still apply.
- I/We agree and understand the following:
- All medication must be in the original medication container with my/our child/children's name and correct dosage - this includes over the counter medication (e.g. Paracetamol).
- I/We must include a medical practitioner's letter or pharmacist's printed instructions for prescribed medication.
- I/We must include written permission to administer over the counter medication (e.g. Paracetamol).
- All medication must be supplied by the parent/guardian - this includes over the counter medication.

Parent/Guardian Name:

Signature:	**Date:**

Credit Card Details: Visa □ MasterCard □

Card No: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expiry Date: __ __ __ __ CCV: __ __ __

Card Name: ____ Signature: ______________________________

PLEASE NOTE THAT FEES MUST BE PAID BEFORE YOUR CHILD ATTENDS CAMP