



Enrolment Form 2017 Prep – 12 Years

How did you hear about YMCA Vacation Care?

Internet Past User Word of Mouth
 Gym Flyer in Mail Other _____

| | |
|-------------------------|---------------------|
| Account Holder Surname: | Account Holder CRN: |
| Children's Address: | |
| Phone (H): | Phone (M): |

| | Child's name | Age | DOB | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Child's CRN |
|--|---|-----|-----|---|--|
| 1 | Has your child had a history of ill health or been hospitalised? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Does your child have any allergies? <i>If yes, please complete action plan.</i> | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Does your child require staff to administer any medication? <i>If yes, please complete medical authorisation.</i> | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Does your child have any fears? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Has your child received the relevant immunisations for their age? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Does your child have any special needs? <i>If yes, please complete action plan.</i> | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Does your child have a disability? <i>If yes, please complete action plan.</i> | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2 | Child's Name | Age | DOB | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Child's CRN |
| | Has your child had a history of ill health or been hospitalised? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Does your child have any allergies? <i>If yes, please complete action plan.</i> | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Does your child require staff to administer any medication? <i>If yes, please complete medical authorisation.</i> | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Does your child have any fears? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Has your child received the relevant immunisations for their age? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Does your child have any special needs? <i>If yes, please complete action plan.</i> | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does your child have a disability? <i>If yes, please complete action plan.</i> | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 3 | Child's Name | Age | DOB | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Child's CRN |
| | Has your child had a history of ill health or been hospitalised? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Does your child have any allergies? <i>If yes, please complete action plan.</i> | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Does your child require staff to administer any medication? <i>If yes, please complete medical authorisation.</i> | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Does your child have any fears? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Has your child received the relevant immunisations for their age? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Does your child have any special needs? <i>If yes, please complete action plan.</i> | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does your child have a disability? <i>If yes, please complete action plan.</i> | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | | | |
|--|--------------|--|---|
| Parent/Guardian 1 <small>(Account Holder)</small> | Name: | DOB: | <input type="checkbox"/> M <input type="checkbox"/> F |
| | Address (H): | Post Code: | Relationship to children: |
| | Phone (H): | Mobile: | |
| | Employer: | Occupation: | |
| | Address (W): | | |
| | Phone (W): | Email: | |
| Parent/Guardian 2 | Name: | DOB: | <input type="checkbox"/> M <input type="checkbox"/> F |
| | Address (H): | Post Code: | Relationship to children: |
| | Phone (H): | Mobile: | |
| | Employer: | Occupation: | |
| | Address (W): | | |
| | Phone (W): | Email: | |
| Details of Parental Custody/Court Orders: | | Documentation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Family Doctor: | | | |
| Address: | | | |
| Phone: | | Medicare No | |

| |
|--|
| 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 |
| List some of your child/ren's interests or favourite activities: |

| | |
|---|------------------------|
| Emergency contacts and people authorised to collect children, <i>other than parents/guardians</i> : | |
| 1. Name: | Relationship to child: |
| Address: | |
| Phone: | Mobile: |
| 2. 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 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 on the YMCA Website and agree to abide by the rules, policies and procedures of the service.
- 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 give permission for staff to apply sunscreen to my/our child/children prior to outdoor play.
- I/We give permission for staff to give my/our child/children chocolate, lollies or ice blocks as rewards or snacks.
- I/We give permission for staff to administer my/our child/children band aids if needed.
- I/We give permission for my/our child/children's name and/or photograph to be used for promotional purposes and service displays.
- I/We give permission for YMCA Staff to take photos of any injuries my/our child/children have - and use photos only for Child Protection purposes, or to corroborate or provide accurate evidence of any injury that has occurred in the care of YMCA Staff or Parent/Guardian.
- 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.
- I/We understand that nuts, nut products, egg and sesame are not to be packed into my/our child/ren's lunches or consumed at the centre due to other children's allergies.
- I/We understand that while ever care is taken to keep personal items safe YMCA Bowen Hills is not responsible for any personal items that are lost, stolen or damaged.

HIT AND HOME POLICY

In an effort to make our Holiday Program a happy and safe place for all we have the hit and home policy. We understand children have disagreements and are learning social boundaries and expectations. That is why we have no tolerance for physical aggression, and therefore any child who aggressively hits another child or staff member will be sent home immediately. A second similar incident in the same holiday period will result in expulsion from the program.

WHAT TO BRING

Each day, please bring along a packed morning tea, lunch and afternoon tea (**YMCA Bowen Hills is a nut, egg and sesame free zone.**) A water bottle, broad-brim hat, sunscreen, **enclosed** shoes and socks. The wearing of old clothes is recommended. Children's clothes often become accidentally soiled or painted. If your child is prone to have toileting accidents please pack spare pants, underwear, shoes and socks.

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.

| | |
|------------------------------|--------------|
| Parent/Guardian Name: | |
| Signature: | Date: |

CLAIMINGCHILDCARE BENEFIT POLICY

Childcare Benefit is available. Contact your **Family Assistance Office** on **13 61 50** for details.

Please note, to access your Rebate information we require your **FAMILY CUSTOMER REFERENCE NUMBER** and your **CHILD/REN'S CUSTOMER REFERENCE NUMBER** and **DATES OF BIRTH** for both. If this information is not provided on your booking form you will be charged **FULL FEES**.

****CCB is an estimate only.** Changes to your account may occur once information is reconciled at DEEWR and Centrelink and this is beyond our control at YMCA.

FEE PAYMENT POLICY

Accounts will be issued prior to the vacation care period booked. Accounts will be emailed, or if no nominated email address has been provided, will be made available in hardcopy at the service. Families are strongly encouraged to provide an email address. It is the responsibility of the parent/guardian to ensure that the account email is opened or hardcopy statement collected. If families do not receive an account it is the parents/guardians responsibility to inform the service staff. **Non receipt of statement will not be accepted as a reason for non-payment of an account. Payment must be received before the nominated period. If payment is not received before the 1st days care, your child/children will be declined entry.**

Accounts are to be collected and paid by Parents or Guardians only. Cash, credit card or eftpos may be paid at Reception. B-Pay is also available, the reference and customer number is provided on your fee statement.

CANCELLATION FEES AND NOTIFICATION POLICY

Due to the complex nature of CCB funding, daily price differences due to programming requirements and coupled with staffing ratio's, we are unable to offer refunds for absent or sick days once the booking has been made. Additionally we are unable to swap days, once booked, for the same reason.

In order to ensure staff: child ratios are met, booking & cancellation notification is essential. Excursions, Incursions and activity days have limited spaces due to safety requirements.

ALLOWABLE ABSENCES

According to guidelines relating to the administration of Childcare Benefit (CCB) all families are entitled to 45 allowable absentee days per year where the CCB portion of your fees will apply (normal centre fees only). If your child is unable to attend due to illness and you are treated by a Doctor it is important to get a Doctor's Certificate to cover those days, then these absences are not counted towards your 45 allowable days. Parents are required to complete an Allowable Absence Form should they wish to claim Allowable Absence.

LATE PICK UP

Although situations may arise where the parent cannot collect their child/ren before closing time, it remains the parent's responsibility to arrange for an authorised person to collect the child/ren before 6:00pm. **Children must be collected by 6:00pm or a late fee will apply.** In the event no authorized person can be contacted within half an hour of the services closing time, Crisis Care will be called, (these are Policy requirements used by Outside Hours Care Services and other Childcare Services for the safety of the child/ren).

BOOKINGS

Please note any changes to these initial bookings need to be submitted in writing using the YMCA Booking Form. Please write your child/ren's names beside each day that care is required. The amount indicated is FULL FEES. This does not take into account any CCB or CCR which you may be entitled.

| Week 1 (26 June 2017 – 30 June 2017) | Week 2 (3 July 2017 – 7 July 2017) |
|---|---|
| <input type="checkbox"/> Monday 26 th June - \$55 | <input type="checkbox"/> Monday 3 rd July - \$55 |
| <input type="checkbox"/> Tuesday 27 th June - \$55 | <input type="checkbox"/> Tuesday 4 th July - \$55 |
| <input type="checkbox"/> Wednesday 28 th June - \$65 | <input type="checkbox"/> Wednesday 5 th July - \$65 |
| <input type="checkbox"/> Thursday 29 th June - \$55 | <input type="checkbox"/> Thursday 6 th July - \$55 |
| <input type="checkbox"/> Friday 30 th June - \$60 | <input type="checkbox"/> Friday – 7 th July April - \$55 |

By signing the below I give YMCA Bowen Hills authority to take payment for the nominated Vacation Care period

Signature: _____

Credit Card Details (Please note we do not accept Amex or Diners)

Card number: _____

Expiry Date: __/__/__ Name on Card: _____

Please fax, email, or post completed form – including signature.

• Fax to 07 3851 8811

• Scan and save to computer

• Email to bree.halloran@ymcabrisbane.org