



Jamboree Heights Vacation Care Enrolment Form 2018

How did you hear about YMCA?

Internet
 Yellow Pages
 Word of Mouth
 School
 Previous Client
 Other _____

ACCOUNT INFORMATION				
Account Holder Surname: <small>(PERSON CLAIMING CCB)</small>		Account Holder CRN: <small>(PERSON CLAIMING CCB)</small>		
Email:		Phone (M):		
	Child/ren's name Preferred name	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	
Name of child/ren attending child care other than YMCA		DOB	Gender	Child's CRN
1			<input type="checkbox"/> M <input type="checkbox"/> F	
2			<input type="checkbox"/> M <input type="checkbox"/> F	

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:	
				<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:	
				<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>					

EMERGENCY CONTACTS – Please provide copies of ID

Emergency contacts are people over the age of 18, authorised to collect children, permitted to authorise administration of medication and permitted to give consent to medical treatment (*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:	

MEDICAL & CULTURAL INFORMATION

Family Doctor:	
Address:	
Phone:	
Medicare No:	

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? <i>*If yes, please provide additional information below</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name/s:
Does your child/ren have any allergies?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name/s:
<i>*Please supply Management Plan Management Plan supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No</i>		
Does your child/ren require staff to administer medication?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name/s:
<i>*Please complete Medical Administration Form Authorisation form supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No</i>		
Does your child/ren have any fears?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name/s:
<i>*If yes, please provide additional information below</i>		
Is your child/ren able to swim confidently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name/s:
<i>*If no, please provide additional information below</i>		
Has your child/ren received the relevant immunisations for their age?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name/s:
<i>*If no, please provide additional information below</i>		
Does your child/ren have any special needs?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name/s:
<i>*Please supply Management Plan Management Plan supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No</i>		
Does your child/ren have a disability?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name/s:
<i>*Please supply Management Plan Management Plan supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No</i>		
Does your child/ren have any specific dietary requirements or food and drink preferences?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name/s:
<i>*Please provide additional information below</i>		

Language spoken at home:

Family Religion:

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

**please provide additional information below*

Are there any behavioural issues that you would like the service staff to be made aware of? No Yes
**please provide additional information below*

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.

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 Fee Schedule and agree to pay all 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 give permission for YMCA staff members to take photos of my children using a service camera owned by the YMCA.
- 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 centre in advance and in writing to this effect.
- 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 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 and understand that my/our child/children must follow behaviour management guidelines as outlined in the Parent Handbook and in our services policies. I/We agree and understand that any breaches of our behavioural management policies may result in exclusion from activities or the program and that fees will still apply
- 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. 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 our closing time.
- I/We give permission for a staff member/educator to sight my child's health record if identified of the need
- I/We understand that copies of all of the parents, guardians and emergency contacts 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.
- I/We understand that 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). All medication must be accompanied by a practitioner's letter and/or pharmacist's label and must be supplied by parent/guardian.
- I/We understand that all medication must be accompanied by written permission/medication administration 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.

STANDARD IMAGE RELEASE FORM

PERMISSION TO USE PHOTOGRAPHS, VIDEO, AUDIO, IMAGES AND/OR ARTWORK

May we use your, or your children/s, photo/s, audio, video, images and/or artwork in our YMCA social media sites, newsletters, website, or any other promotional material including, but not limited to, posters, flyers or banners?



Yes, I give permission

No, I do not give permission

I understand that I can withdraw my consent at any time but I must do so in writing and forward it to the YMCA of Brisbane.

COPYRIGHT RELEASE

I, _____, agree to and provide permission for the photographic, video, written and audio or any other form of electronic recording of me and/or my child/ren (whose names are listed below) to be used for and on behalf of the YMCA. I acknowledge that ownership of any photographic, video, audio or any other form of electronic recording or artwork will be retained by the YMCA.

I authorise the use or reproduction of any recording referred to above for the purposes of publishing information materials and resources which promote the initiatives of the YMCA without acknowledgment and without being entitled to remuneration or compensation. Any photos, videos, artwork or audio may be used on website or social media pages available to the wider community.

I understand the nature and the consequences of what is being proposed above. If there has been any matter of uncertainty, I confirm that I have sought clarification from a staff member of the YMCA who has explained any such uncertainty to my satisfaction.

CHILD DETAILS (If applicable)

Child name/s:

- | | |
|----|----|
| 1. | 3. |
| 2. | 4. |

MY DETAILS

NAME: _____

SIGNATURE: _____

DATE: _____

CONTACT NUMBER: _____

The term 'YMCA' refers to YMCA of Brisbane and Y-Care (South East Queensland) Inc.

YMCA Brisbane – Jamboree Heights
 76 Andaman Street, Jamboree Heights
 T. (07) 3376 4266
 E. ywest.childcare@ymcabrisbane.org
 W. www.ymcabrisbane.org

OFFICE USE ONLY	
YMCA Location:	
Photo, image, video details	