



# Enrolment Form 2017

## June / July

How did you hear about the YMCA VICTORIA POINT VACATION CARE PROGRAM?

Internet       Facebook       Word of Mouth  
 School       Other \_\_\_\_\_

YMCA 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	Age	DOB	Gender	Child's CRN
1				M    F	
2				M    F	
3				M    F	
4				M    F	

Number of children attending child care other than YMCA Vacation Care:

Parent/Guardian 1 <small>(Account Holder)</small>	Name:	DOB:	M    F
	Address (H):	Postcode:	
	Phone (H):	Relationship to children:	
	Mobile:	Email:	
	Employer:	Occupation:	
	Address (W):	Phone (W):	
Parent/Guardian 2	Name:	DOB:	M    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
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Please note the appropriate child's name below and give further details in the additional space provided at the end of the form.

Does your child/ren have a disability?	No	Yes	Provide details below
Does your child/ren have any special needs?	No	Yes	Provide details below
Does your child/ren require staff to administer medication? If yes, please see a member of staff to complete the Administration of medication record form.	No	Yes	Provide details below
Does your child/ren have any allergies?	No	Yes	Provide details below

Disabilities or medical conditions and details:	Management Plan supplied:	Yes	No
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Food Considerations.

Are there any foods that your child Must Not Eat?

Does your child/ren have any fears?	No	Yes	
Is your child/ren of Aboriginal (A) or Torres Strait Islander (T) origin?	No	Yes (A) Yes (T)	
Has your child/ren had a history of ill health or been hospitalised?	No	Yes	
Has your child/ren received the relevant immunisations for their age?	No	Yes	

Language spoken at home:	
Family Religion:	
Are there any cultural issues that you would like the service staff to be aware of?	No Yes
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.	No Yes

# Please note that it is a requirement of the Federal Department of Education that YMCA Victoria Point Vacation Care Program gather this information. The Department of Education use this data for statistical purposes.

Emergency contacts and people authorisations, <i>other than parents/guardians</i> :	
1. Name:	Relationship to child:
Address:	
Phone:	Mobile:
<p>I authorise for this person to be contacted in the event of an emergency.</p> <p>I authorise this nominee permission to sign out and collect child/ren from the centre.</p> <p>I authorise this person to give consent regarding the medical treatment of my child/ren, including the authorisation to administer medication, if a parent/guardian cannot be contacted.</p> <p>I authorise this person to grant permission for the YMCA staff to take my child/ren out of the centre (eg, excursions).</p>	
2. Name:	Relationship to child:
Address:	
Phone:	Mobile:
<p>I authorise for this person to be contacted in the event of an emergency.</p> <p>I authorise this nominee permission to sign out and collect child/ren from the centre.</p> <p>I authorise this person to give consent regarding the medical treatment of my child/ren, including the authorisation to administer medication, if a parent/guardian cannot be contacted.</p> <p>I authorise this person to grant permission for the YMCA staff to take my child/ren out of the centre (eg, excursions).</p>	

**Please read and acknowledge agreement of 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 Victoria Point Vacation Care 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 access via the YMCA web site to the 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 give permission for my child/ren's photo/s, video or artwork to be used in our YMCA social media sites, newsletters, website or any other promotional material including posters, flyers and banners.
- 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 Victoria Point 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.
- Daily fees are not refundable or transferrable and cannot be cancelled without a Doctors certificate.

**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](http://www.brisbaneymca.org) along with information on how you can report child safety concerns.

**Initial Booking:** Please note that any changes to these initial bookings need to be submitted in writing to YMCA Victoria Point staff. Place a tick beside each day that care is required. **All relevant excursion permissions will be acknowledged by signing at the bottom. Signatures are required before bookings can be processed.** Risk Assessments are complete and available on request. Children should bring to all excursions enclosed shoes, a sun safe hat and a water bottle.

**ATTENTION:** Prices listed are per Child.

## WEEK ONE

### MONDAY 26<sup>th</sup> June – \$60 Roam 'In Pizza

Child One      Child Two      Child Three      Child Four

*Please advise in Food Considerations Section if your child is Gluten Intolerant.*

### TUESDAY 27<sup>th</sup> June - \$70 Quad Bikes / Slot Cars

Child One      Child Two      Child Three      Child Four

*Please be advised; Unfortunately Children under the age of 6 years old will not be able to ride the Quad Bikes. Slot Cars will be available.*

### WEDNESDAY 28<sup>th</sup> June - \$70 Inflatable World

Child One      Child Two      Child Three      Child Four

*Permission Note to be signed for this day (Attached)*

### THURSDAY 29<sup>th</sup> June – \$50 – Soccer World Cup

Child One      Child Two      Child Three      Child Four

### FRIDAY 30<sup>th</sup> June - \$70 Movies

Child One      Child Two      Child Three      Child Four

*Permission Note to be signed for this day (Attached)*

## WEEK TWO

### MONDAY 3<sup>rd</sup> July - \$60 Gymnastics

Child One      Child Two      Child Three      Child Four

### TUESDAY 4<sup>th</sup> July - \$70 Dr Joe Science Show

Child One      Child Two      Child Three      Child Four

### WEDNESDAY 5<sup>th</sup> July - \$60 LEGO – Bricks 4 Kidz - Minecraft

Child One      Child Two      Child Three      Child Four

### THURSDAY 6<sup>th</sup> July - \$70 Ocean Life Education

Child One      Child Two      Child Three      Child Four

### FRIDAY 7<sup>th</sup> July – \$70 Carnival Day

Child One      Child Two      Child Three      Child Four

The below section must be signed for the booking to be processed. In signing you are acknowledging that the information you provided is accurate to your knowledge, that you have read and understand the terms / conditions and that you as the Parent/Guardian give permission for your child/ren to attend the excursions as identified on the days your child/ren will be attending the YMCA vacation care program.

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

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

**Attention:**

If your child intends to attend **swimming** on any of the programmed days, you will be required to complete and sign a permission form.

**Permission Notes** are attached after the Enrolment form.

Please return a signed & completed form on your Childs' first day of care.

As we are a **Sun Safe** centre please ensure your child has Sun Safe Hat for their stay at Vacation Care.

If your child intends to go swimming please ensure they have sun safe swimmers and a towel packed.



Please be advised that we are a **Nut Free** Vacation Care. We would ask that you avoid packing products with nut traces in your child's Lunch box.

Thank you for your understanding.





# Excursion Information and Permissions for June / July 2017 Holiday Program

## EXCURSION INFORMATION – SWIMMING & BLOW UP SLIDE

DATE OF EXCURSION: <b>June 26<sup>th</sup> 2017 – July 6<sup>th</sup> 2017</b>		COST/CHILD: <b>Nil</b>
EXCURSION DESTINATION: <b>YMCA Pool Area</b>		PHONE: <b>3820 5300</b>
DESTINATION ADDRESS: <b>128 Link Road, Victoria Point (on site)</b>		
DESTINATION DESCRIPTION: <b>YMCA POOL</b>		
EST. DEPARTURE TIME:	EST. RETURN TIME: <b>9.30am – 12.30pm 1pm – 3pm</b>	EST. TRAVEL TIME: <b>3 Minutes</b>
METHOD OF TRANSPORT: <b>Walking</b>		
TRANSPORT COMPANY NAME:		PHONE:
STAFF:CHILD RATIO:	<b>1:15 Normal 1:5 In Pool 1:8 In Pool with Lifeguard</b>	EXPECTED NO. OF CHILDREN: <b>40</b>
RISK ASSESSMENT COMPLETE AND AVAILABLE ON REQUEST:		<b>Yes</b>
SERVICE MOBILE:	<b>0421 428 416 Robert Hawkins (Coordinator)</b>	YMCA VICTORIA POINT: <b>3820 5300</b>
CHILDREN SHOULD BRING:	<b>Enclosed shoes  Towel Sun Safe Swimmers  Sun Safe Hat</b>	ACTIVITIES TO BE UNDERTAKEN:  <b>Walking from Vacation Care Area of YMCA to the Pool area of the YMCA. Swimming in the Activity Pool for Green &amp; Orange Groups. Swimming in the Lane Pool for Blue &amp; Yellow Groups. Using the Blow Up Slide.</b>

*Complete details below, detach and return to a member of staff.*

## EXCURSION PERMISSION FORM

I GIVE PERMISSION FOR MY CHILD/REN: \_\_\_\_\_

TO PARTICIPATE IN THE EXCURSION OF WALKING TO THE YMCA POOL, SWIMMING AND FOR USE OF THE BLOW UP SLIDE. TRAVEL AND ACTIVITIES TO BE HELD BETWEEN THE DATES OF 26<sup>TH</sup> JUNE 2017 TO THE 7<sup>TH</sup> JULY 2017.

PLEASE INDICATE YOUR CHILD COMFORT LEVEL AROUND WATER ..... NOVICE \_\_\_\_\_ INTEMEDATE \_\_\_\_\_ ADVANCED \_\_\_\_\_

I UNDERSTAND MY CHILD/REN WILL BE:

- **Walking to the YMCA Pool from the Vacation Care area.**
- **Participating in swimming in the Lane Pool (Blue, Yellow Group) & Activity Pool (Green & Orange Group).**
- **Required to follow all pool safety rules and expectations, in addition to following our sun safety policy of Sun Safe Swimmers.**
- **Will be accompanied by adults in accordance with 1:15 ratio and 1:5 ratio of pool supervision.**

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN SIGNATURE:

DATE:



# Excursion Information and Permissions for June / July 2017 Holiday Program

## EXCURSION INFORMATION – INFLATABLE WORLD EXCURSION

DATE OF EXCURSION: <b>June 28<sup>th</sup> 2017</b>		COST/CHILD: <b>Included in daily fee</b>	
EXCURSION DESTINATION: <b>Inflatable World Victoria Point</b>		PHONE: <b>3820 5300</b>	
DESTINATION ADDRESS: <b>128 Link Road, Victoria Point – Victoria Point Indoor Sports Centre</b>			
DESTINATION DESCRIPTION: <b>Victoria Point Indoor Sports Centre</b>			
EST. DEPARTURE TIME:	EST. RETURN TIME:	<b>G &amp; O 10.30am – 12.30pm B &amp; Y 1pm – 3pm</b>	EST. TRAVEL TIME: <b>3 Minutes</b>
METHOD OF TRANSPORT: <b>Walking</b>			
TRANSPORT COMPANY NAME: <b>N/A</b>		PHONE: <b>N/A</b>	
STAFF:CHILD RATIO: <b>1:15</b>		EXPECTED NO. OF CHILDREN: <b>90</b>	
RISK ASSESSMENT COMPLETE AND AVAILABLE ON REQUEST:		<b>Yes</b>	
SERVICE MOBILE:	<b>0421 428 416 Robert Hawkins (Coordinator)</b>	YMCA VICTORIA POINT:	<b>3820 5300</b>
CHILDREN SHOULD BRING:	<b>Enclosed Shoes &amp; Socks  Water Bottle  Sun Safe Hat</b>	ACTIVITIES TO BE UNDERTAKEN:  <b>Walking from Vacation Care Area of YMCA to the Inflatable World at the Victoria Point Indoor Sport Centre.  Following rules &amp; safety expectations set by Inflatable World.  Supervised Free play on the Inflatable world Equipment  Green / Orange – 10.30 – 12.30  Blue / Yellow – 1pm – 3pm</b>	

*Complete details below, detach and return to a member of staff.*

## EXCURSION PERMISSION FORM

I GIVE PERMISSION FOR MY CHILD/REN: \_\_\_\_\_

TO PARTICIPATE IN THE EXCURSION TO INFLATABLE WORLD IN WHICH MY CHILD WILL TRAVEL BY WALKING TO AND FROM INFLATABLE WORLD THE VICTORIA POINT INDOOR SPORT CENTRE, PARTICIPATE IN AND USE THE FACILITIES AT INFLATABLE WORLD ON JUNE 28<sup>TH</sup>. I UNDERSTAND THAT IT IS THE RESPONSIBILITY OF MY CHILD TO FOLLOW THE RULES AND EXPECTATIONS SET BY THE MANAGEMENT OF INFLATABLE WORLD.

I UNDERSTAND MY CHILD/REN WILL BE:

- **Walking to the and from INFLATABLE WORLD at the Victoria Point Indoor Sport Centre.**
- **Playing on equipment Leased by Inflatable world and will be expected to follow all set out rules.**
- **Will be accompanied by adults in accordance with 1:15**

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN SIGNATURE:

DATE:



# Excursion Information and Permissions for June / July 2017 Holiday Program

## EXCURSION INFORMATION – MOVIES EXCURSION

DATE OF EXCURSION:	<b>June 30<sup>th</sup> 2017</b>	COST/CHILD:	<b>Included in daily fee</b>
EXCURSION DESTINATION:	<b>Victoria Point Cineplex</b>	PHONE:	<b>(07) 3829 7900</b>
DESTINATION ADDRESS:	<b>VICTORIA POINT, 27 Bunker Rd, Victoria Point QLD 4165</b>		
DESTINATION DESCRIPTION:	<b>Victoria Point Cineplex</b>		
EST. DEPARTURE TIME:	<b>9am</b>	EST. RETURN TIME:	<b>12.30pm</b>
		EST. TRAVEL TIME:	<b>10 Minutes</b>
METHOD OF TRANSPORT:	<b>Bus</b>		
TRANSPORT COMPANY NAME:	<b>BLUE BUS</b>	PHONE:	
STAFF:CHILD RATIO:	<b>1:15</b>	EXPECTED NO. OF CHILDREN:	<b>90</b>
RISK ASSESSMENT COMPLETE AND AVAILABLE ON REQUEST:	<b>Yes</b>		
SERVICE MOBILE:	<b>0421 428 416 Robert Hawkins (Coordinator)</b>	YMCA VICTORIA POINT:	<b>3820 5300</b>
CHILDREN SHOULD BRING:	<b>Enclosed Shoes Sun Safe Hat</b>	ACTIVITIES TO BE UNDERTAKEN:	<b>Travelling to and from the Victoria Point Cineplex by Bus. Seated in a cinema for the duration of length of the movie.</b>

*Complete details below, detach and return to a member of staff.*

## EXCURSION PERMISSION FORM

I GIVE PERMISSION FOR MY CHILD/REN: \_\_\_\_\_

TO PARTICIPATE IN THE EXCURSION OF TRAVELLING TO THE MOVIES AT THE VICTORIA POINT CINEPLEX. TRAVEL AND ACTIVITIES TO BE HELD ON THE DATE OF 30<sup>TH</sup> JUNE 2017.

I UNDERSTAND MY CHILD/REN WILL BE:

- **Travelling by Bus to the Victoria Point Cineplex.**
- **Be seated in a cinema for the duration length of the movie.**
- **Be required to follow all instructions given to by Educators and Leaders.**
- **Will be accompanied by adults in accordance with 1:15.**

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN SIGNATURE:

DATE:



**STANDARD IMAGE RELEASE FORM**

**PARENT/ GUARDIAN PERMISSION TO USE PHOTOGRAPHS, VIDEO AND/OR IMAGES**



**PROGRAM AREA:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**Can we use your photo/s, video or artwork in our YMCA social media sites, newsletters, website, or any other promotional material including posters, flyers, banners?**

Yes, I give permission.

No, I do not give permission for them to be used externally, they may only be used for internal purposes (within the program or service).

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, \_\_\_\_\_, the adult/parent/guardian of the child/ren named below, 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 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 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 in the above paragraphs. If there has been any matter of uncertainty, I have sought clarification from either a member of the Marketing Division of the YMCA, YMCA Centre Manager, or some other person that has explained any such uncertainty to my satisfaction.

**PARENT/ GUARDIAN PERMISSION**

Child/ren's name, if applicable:

**1.**

**3.**

**2.**

**4.**

**PARENT / GUARDIAN NAME:** \_\_\_\_\_

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

# All about Me

My name is: \_\_\_\_\_

## Just the Facts

I am \_\_\_ years old and in Grade \_\_\_\_

The members of my family are

Some of my friends at Vacation Care are

My Birthday is \_\_\_\_\_

## Some of my Favourite things

Food: \_\_\_\_\_

Sandwich: \_\_\_\_\_

Fruit: \_\_\_\_\_

Outdoor Activity: \_\_\_\_\_

Indoor Activity: \_\_\_\_\_

## Awesome Activity

One thing I would like to do that doesn't involve video games or TV is:



## Picture Perfect

This is a drawing or Picture of me:



## Best Book

My favourite book is:



## My Hero

One person who inspires me is:



## Did you Know?

Something you might not know about me:



## MY mini Autobiography

Some more information about me:

