



Enrolment Information Update September 2017

Account Holder Surname:	(PERSON CLAIMING CCB)
Account Holder relation to child/ren:	

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

Parent/ Guardia n 1 <small>(Account)</small>	Name:	Phone (H)	Phone (W):	
	Mobile:	Email:		
Parent/ Guardia n 2	Name:	Phone (H)	Phone (W):	
	Mobile:	Email:		
Documentation of Parental Custody/Court Orders attached:		Yes	No	
<i>Please note any Medical issues we may not be aware of since you last attended our service.</i>				
Disabilities or medical conditions and details:		Management Plan supplied:	Yes	No
Food Considerations, are there any foods that your child must not eat?				

Emergency contacts and people authorisations, <i>other than parents/guardians</i> :				
1. Name:		Relationship to children:		
Address:				
Phone:		Mobile:		
I authorise for this person to be contacted in the event of an emergency.				Y / N
I authorise this nominee permission to sign out and collect child/ren from the centre.				Y / N
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.				Y / N
I authorise this person to grant permission for the YMCA staff to take my child/ren out of the centre				Y / N
2. Name:		Relationship to children:		
Address:				
Phone:		Mobile:		
I authorise for this person to be contacted in the event of an emergency.				Y / N
I authorise this nominee permission to sign out and collect child/ren from the centre.				Y / N
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.				Y / N
I authorise this person to grant permission for the YMCA staff to take my child/ren out of the centre				Y / N

Parent/Guardian Name:	
Signature:	Date:

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 18th September – \$75 Inflatable World & Gymnastics

Child One Child Two Child Three Child Four *Permission Note to be signed for this day (Attached)*

TUESDAY 19th September - \$55 Pirate Day

Child One Child Two Child Three Child Four *Please advise in Food Considerations Section if your child is Gluten Intolerant.*

WEDNESDAY 20th September - \$55 Harry Potter Day

Child One Child Two Child Three Child Four *Please advise in Food Considerations Section if your child is Gluten Intolerant.*

THURSDAY 21st September – \$55 YMCA's Got Talent

Child One Child Two Child Three Child Four

FRIDAY 22nd September - \$75 Movies Excursion

Child One Child Two Child Three Child Four *Permission Note to be signed for this day (Attached)*

WEEK TWO

MONDAY 25th September - \$75 Laser Skirmish & Gymnastics

Child One Child Two Child Three Child Four *Permission Note to be signed for this day (Attached)*

TUESDAY 26th September - \$75 Roma St Parklands & Museum Excursion

Child One Child Two Child Three Child Four *Permission Note to be signed for this day (Attached)*

WEDNESDAY 27th September - \$75 Street Science – C02 Rockets

Child One Child Two Child Three Child Four

THURSDAY 29th September - \$75 Thompsons Beach Excursion – Fishing Lessons

Child One Child Two Child Three Child Four *Permission Note to be signed for this day (Attached)*

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

FRIDAY 7th September – \$75 Carnival Day

Child One Child Two Child Three Child Four *Please advise in Food Considerations Section if your child is Gluten Intolerant.*

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. Once signed and submitted any days that have been booked on this form will be charged without sufficient notice given.

Parent/Guardian Name:	
Signature:	Date:

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

Reminders for Vacation Care

If your child intends to attend **Swimming or Gymnastics** 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 does not arrive with a wide-brimmed or bucket sun safe hat they will be supplied with one at a cost of \$10 to the family account.

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.



Please be sure to provide your child with a full and healthy lunch,

We encourage children to be provided with at least one piece of fruit and a balanced mix of healthy choices and treats on any given day. Please also remember that as we provide no food and have three meal breaks during the day it is important to provide your child with more food than you may provide for an average school day.





Excursion Information and Permissions for September 2017 Holiday Program

EXCURSION INFORMATION

Excursions generally depart by 8.30am and return by 3pm. You will be notified if an excursion is going to be planned outside the confines of these hours. Please have your child at the service by 8:15 AM on excursion days to ensure we are ready to depart on time.			
METHOD OF TRANSPORT:		Walking and (company name) bus hire	
STAFF:CHILD RATIO:	1:15 Normal 1:5 In Pool 1:8 In Pool with Lifeguard	EXPECTED NO. OF CHILDREN:	90
RISK ASSESSMENT COMPLETE AND AVAILABLE ON REQUEST:		Yes	
SERVICE MOBILE:	0421 428 416 Robert Hawkins (Coordinator)	YMCA VICTORIA POINT:	3820 5300

Complete details below and return to a member of staff.

EXCURSION PERMISSION FORM 1 – INFLATABLE WORLD (SEPTEMBER 18TH)

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 SEPTEMBER 18TH. 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:

Complete details below and return to a member of staff.

EXCURSION PERMISSION FORM 2 – MOVIES EXCURSION (SEPTEMBER 22ND)

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 22ND SEPTEMBER 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:

Complete details below and return to a member of staff.

EXCURSION PERMISSION FORM 3 – ROMA ST PARKLANDS & MUSEUM EXCURSION (SEPTEMBER 26TH)

I GIVE PERMISSION FOR MY
CHILD/REN: _____

TO PARTICIPATE IN THE EXCURSION OF TRAVELLING BY BUS TO THE QUEENSLAND MUSEUM. CHILDREN WILL THEN TRAVEL BY WALKING TO THE ROMA STREET PARKLANDS TO PARTICIPATE IN VARIOUS GROUP GAMES. TRAVEL AND ACTIVITIES TO BE HELD ON THE DATE OF 26TH SEPTEMBER 2017.

I UNDERSTAND MY CHILD/REN WILL BE:

- **Travelling by Bus to the Queensland Museum.**
- **Walk to the Roma Street Parklands to participate in group games & activities.**
- **Be required to follow all instructions given to by Educators and Leaders.**
- **Will be accompanied by adults in accordance with 1:8.**

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN SIGNATURE:

DATE:

Complete details below and return to a member of staff.

EXCURSION PERMISSION FORM 4 – THOMPSONS BEACH EXCURSION / FISHING LESSONS (SEPTEMBER 28TH)

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 28TH SEPTEMBER 2017.

I UNDERSTAND MY CHILD/REN WILL BE:

- **Travelling by walking to Thompsons Beach**
- **Participating in fishing lessons as instructed by '2 Bent Rods' trainers.**
- **Participating in group games, sporting activities, beach games, and playing on playground equipment.**
- **BBQ sausage sizzle lunch will be provided.**
- **Will be accompanied by adults in accordance with 1:15.**

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN SIGNATURE:

DATE:

Complete details below and return to a member of staff.

SWIMMING PERMISSION FORM

I GIVE PERMISSION FOR MY
CHILD/REN: _____

TO PARTICIPATE IN THE ACTIVITY 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 16TH SEPTEMBER 2017 TO THE 27TH SEPTEMBER 2017.

PLEASE INDICATE YOUR CHILD COMFORT LEVEL AROUND WATER NOVICE _____ INTEMIDATE _____ ADVANCED _____

I UNDERSTAND MY CHILD/REN WILL BE:

- **Walking to the YMCA Pool from the Vacation Care area.**
- **Participating in swimming in the Indoor Pool**
- **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:

GYMNASTICS PERMISSION FORM (SEPTEMBER 18TH & 25TH)

I GIVE PERMISSION FOR MY
CHILD/REN: _____

TO PARTICIPATE IN THE ACTIVITY OF A SET GYMNASTICS TRAINING SESSION DEVIVERED BY QUALIFIED COACHES. ACTIVITIES
TO BE HELD ON THE DATES OF THE 18TH & 25TH SEPTEMBER 2017.

I UNDERSTAND MY CHILD/REN WILL BE:

- **Participating in .**
- **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: