



# YMCA Bowen Hills Enrolment Form 2019

How did you hear about YMCA?

Internet  Yellow Pages  Word of Mouth  School  Previous Client  Other \_\_\_\_\_

ACCOUNT INFORMATION	
Account Holder Name:	Account Holder CRN: _____
Email Address for Statements:	
<b>PARENT/GUARDIAN 1 (ACCOUNT CRN HOLDER) INFORMATION – PLEASE PROVIDE COPIES OF ID</b>	
<small>Guardians are authorised to give permission for an Educator to take a child outside the education and care services premises as per YMCA policy.</small>	
<b>Please ensure that Account Holder CRN (above) and Date of Birth (below) is correct to ensure prompt and accurate matching with Centrelink</b>	
Name:	DOB: <input type="checkbox"/> M <input type="checkbox"/> F
Address (H):	Postcode:
Phone (H):	Relationship To Child/ren:
Mobile:	Email:
Phone (W):	Occupation: Employer:
Address (W):	Postcode:
<i>Office use: Photo ID Sighted <input type="checkbox"/> Copy Received <input type="checkbox"/></i>	
<b>PARENT/GUARDIAN 2 INFORMATION – PLEASE PROVIDE COPIES OF ID</b>	
<small>Guardians are authorised to give permission for an Educator to take a child outside the education and care services premises as per YMCA policy.</small>	
<small>Authority to collect child <input type="checkbox"/> Y <input type="checkbox"/> N</small>	
Name:	DOB: <input type="checkbox"/> M <input type="checkbox"/> F
Address (H):	Postcode:
Phone (H):	Relationship To Child/ren:
Mobile:	Email:
Phone (W):	Occupation: Employer:
Address (W):	Postcode:
<i>Office use: Photo ID Sighted <input type="checkbox"/> Copy Received <input type="checkbox"/></i>	
<b>MEDICAL INFORMATION</b>	
Family Doctor Name:	
Phone Number:	
Surgery Name:	
Address:	
<b>SAFEGUARDING CHILDREN &amp; YOUNG PEOPLE - The YMCA is committed to Safeguarding children and young people and has a range of policies and procedures to keep children and young people safe. Details of these policies are available at: <a href="http://www.ymcabrisbane.org">www.ymcabrisbane.org</a> along with information on YMCA's obligation to report child safety concerns, and how you can report child safety concerns.</b>	
<small>Office Use Only</small>	
Date received:	Date Registration Fee paid:
Date entered into QK:	Enrolment data entered into QK by:
Foster/Kinship Care: Was CSO Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster/Kinship Care: Were there any risks Identified we need to manage? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes has RMP been Developed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, why not:

**AUTHORISED NOMINEES/EMERGENCY CONTACTS – Please provide copies of ID**

Authorised Nominees/Emergency contacts are people over the age of 18. Emergency contacts are unable to authorise an educator to take a child outside the education and care service premises without written permission from the parent/guardian. By listing contacts below, you are providing authorisation for YMCA to contact contacts in the event of an Emergency. **Please place in specific call order, you must supply a minimum of 1;**

**AUTHORISED NOMINEE/EMERGENCY CONTACT 3** Photo ID  Sighted  Copy Received

Name:	This person is authorised to provide the following authorisations for my child/ren: <i>(please tick appropriate boxes)</i>  <input type="checkbox"/> Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk  <input type="checkbox"/> Medical treatment/Medical administration
Relationship:	
Address:	
Phone:	
Work Phone:	
Mobile:	

**AUTHORISED NOMINEE/EMERGENCY CONTACT 4** Photo ID  Sighted  Copy Received

Name:	This person is authorised to provide the following authorisations for my child/ren: <i>(please tick appropriate boxes)</i>  <input type="checkbox"/> Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk  <input type="checkbox"/> Medical treatment/Medical administration
Relationship:	
Address:	
Phone:	
Work Phone:	
Mobile:	

**AUTHORISED NOMINEE/EMERGENCY CONTACT 5** Photo ID  Sighted  Copy Received

Name:	This person is authorised to provide the following authorisations for my child/ren: <i>(please tick appropriate boxes)</i>  <input type="checkbox"/> Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk  <input type="checkbox"/> Medical treatment/Medical administration
Relationship:	
Address:	
Phone:	
Work Phone:	
Mobile:	

**AUTHORISED NOMINEE/EMERGENCY CONTACT 6** Photo ID  Sighted  Copy Received

Name:	This person is authorised to provide the following authorisations for my child/ren: <i>(please tick appropriate boxes)</i>  <input type="checkbox"/> Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk  <input type="checkbox"/> Medical treatment/Medical administration
Relationship:	
Address:	
Phone:	
Work Phone:	
Mobile:	

If any of the above Authorised Persons have not collected my child at the service closing time, I give permission for the Responsible Person in Charge to make necessary provisions to secure the care of my child. I also agree to pay a late pick up fee if I collect my child past licensed closing time of the service:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD 1 DETAILS

Health Record  Sighted  Copy Received

Name: Preferred Name:

Child CRN: \_\_\_\_\_ DOB:  M  F*Please ensure that child CRN and Date of Birth is correct to ensure prompt and accurate matching with Centrelink*

Child's Address: Postcode:

Language Spoken at home: Cultural Background:

Child's Medicare Number: Reference Number: Expiry Date:

**Complying Written Arrangement** - Registered with Centrelink, wanting to claim CCS now. Care Agreement needs to be confirmed by parent in myGov account. FULL FEES WILL APPLY UNTIL CCS IS GRANTED BY CENTRELINK AND PARENT CONFIRMS BOOKING THROUGH MY GOV ACCOUNT.

**Booking Type:**

**Relevant Arrangement** - Does not wish to claim CCS now or at a later date. No confirmation needed in myGov. FULL FEES WILL APPLY FOR ENTIRE PERIOD OF ENROLMENT

**Arrangement with Organisation** - Fees being paid by third party (i.e. Austim Qld, Charity group, Employer) and the external party will be responsible for FULL FEES to be paid with no CCS able to be applied.

Is child of Aboriginal (A) or Torres Strait Islander (T) Origin?  No  Yes (A)  Yes (T)

Disabilities, allergies, anaphylaxis or medical conditions and details:

Management Plan supplied:

 Yes  No*Please see Coordinator for forms 07-616, 07-534, 07-669*Details of Parental Custody/Court Orders: Documentation attached:  Yes  No

Is there anyone legally denied access to child/ren?

Name:  Yes  NoIs the child/children in foster/kinship care?  Yes  NoDo you have a Risk Management Plan for the child/ren?  Yes  No

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.

Please provide contact details of the Child Safety Officer:

Has child received the relevant immunisations for their age?\*

*\*If YES please provide copy of child's Health Record to staff* No  Yes

Does child have any additional needs?\*

*\*If YES please see staff to complete forms* No  Yes

Does child require staff to administer medication?\*

*\*If YES please see staff to complete form* No  YesHas child had a history of ill health or been hospitalised?  No  Yes

Does your child/ren have any fears?

*\*If YES please provide details:* No  YesAre there any behavioural issues that you would like the service staff to be made aware of?  No  Yes

Are there any particular food or drink preferences for your child/ren?\*

*\*If YES please see staff to complete form* No  Yes

Does your family participate in any particular religious or cultural practises that are significant for your child?

*\*If YES please provide details:* No  Yes

## CHILD 2 DETAILS

Health Record  Sighted  Copy Received

Name:	Preferred Name:	
Child CRN: _ _ _ _ _	DOB: <input type="checkbox"/> M <input type="checkbox"/> F	
<i>Please ensure that child CRN and Date of Birth is correct to ensure prompt and accurate matching with Centrelink</i>		
Child's Address:	Postcode:	
Language Spoken at home:	Cultural Background:	
Child's Medicare Number:	Reference Number:	Expiry Date:
<p><input type="checkbox"/> <b>Complying Written Arrangement</b> - Registered with Centrelink, wanting to claim CCS now. Care Agreement needs to be confirmed by parent in myGov account. FULL FEES WILL APPLY UNTIL CCS IS GRANTED BY CENTRELINK AND PARENT CONFIRMS BOOKING THROUGH MY GOV ACCOUNT.</p> <p><b>Booking Type:</b></p> <p><input type="checkbox"/> <b>Relevant Arrangement</b> - Does not wish to claim CCS now or at a later date. No confirmation needed in myGov. FULL FEES WILL APPLY FOR ENTIRE PERIOD OF ENROLMENT</p> <p><input type="checkbox"/> <b>Arrangement with Organisation</b> - Fees being paid by third party (i.e. Austim Qld, Charity group, Employer) and the external party will be responsible for FULL FEES to be paid with no CCS able to be applied.</p>		
Is child of Aboriginal (A) or Torres Strait Islander (T) Origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes (A) <input type="checkbox"/> Yes (T)	
Disabilities, allergies, anaphylaxis or medical conditions and details:	Management Plan supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please see Coordinator for forms 07-616, 07-534, 07-669</small>	
Details of Parental Custody/Court Orders:	Documentation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there anyone legally denied access to child/ren? Name:	<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	
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.		
Please provide contact details of the Child Safety Officer:		
Has child received the relevant immunisations for their age?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please provide copy of child's Health Record to staff</small>		
Does child have any additional needs?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please see staff to complete forms</small>		
Does child require staff to administer medication?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please see staff to complete form</small>		
Has child had a history of ill health or been hospitalised?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child/ren have any fears?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please provide details:</small>		
Are there any behavioural issues that you would like the service staff to be made aware of?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are there any particular food or drink preferences for your child/ren?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please see staff to complete form</small>		
Does your family participate in any particular religious or cultural practises that are significant for your child?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please provide details:</small>		

## CHILD 3 DETAILS

Health Record  Sighted  Copy Received

Name:	Preferred Name:	
Child CRN: _ _ _ _ _	DOB: <input type="checkbox"/> M <input type="checkbox"/> F	
<i>Please ensure that child CRN and Date of Birth is correct to ensure prompt and accurate matching with Centrelink</i>		
Child's Address:	Postcode:	
Language Spoken at home:	Cultural Background:	
Child's Medicare Number:	Reference Number:	Expiry Date:
<p><input type="checkbox"/> <b>Complying Written Arrangement</b> - Registered with Centrelink, wanting to claim CCS now. Care Agreement needs to be confirmed by parent in myGov account. FULL FEES WILL APPLY UNTIL CCS IS GRANTED BY CENTRELINK AND PARENT CONFIRMS BOOKING THROUGH MY GOV ACCOUNT.</p> <p><b>Booking Type:</b></p> <p><input type="checkbox"/> <b>Relevant Arrangement</b> - Does not wish to claim CCS now or at a later date. No confirmation needed in myGov. FULL FEES WILL APPLY FOR ENTIRE PERIOD OF ENROLMENT</p> <p><input type="checkbox"/> <b>Arrangement with Organisation</b> - Fees being paid by third party (i.e. Austim Qld, Charity group, Employer) and the external party will be responsible for FULL FEES to be paid with no CCS able to be applied.</p>		
Is child of Aboriginal (A) or Torres Strait Islander (T) Origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes (A) <input type="checkbox"/> Yes (T)	
Disabilities, allergies, anaphylaxis or medical conditions and details:	Management Plan supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please see Coordinator for forms 07-616, 07-534, 07-669</small>	
Details of Parental Custody/Court Orders:	Documentation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there anyone legally denied access to child/ren? Name:	<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
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.		
Please provide contact details of the Child Safety Officer:		
Has child received the relevant immunisations for their age?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please provide copy of child's Health Record to staff</small>		
Does child have any additional needs?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please see staff to complete forms</small>		
Does child require staff to administer medication?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please see staff to complete form</small>		
Has child had a history of ill health or been hospitalised?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child/ren have any fears?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please provide details:</small>		
Are there any behavioural issues that you would like the service staff to be made aware of?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are there any particular food or drink preferences for your child/ren?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please see staff to complete form</small>		
Does your family participate in any particular religious or cultural practises that are significant for your child?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please provide details:</small>		

**ENROLMENT AGREEMENT**

- I/We agree that fees must remain paid as per the YMCA Fee Policy. I/We agree that it is my/our responsibility to ensure all Centrelink requirements are fulfilled and that I/We must provide relevant Date of Birth and CRN's to link with Centrelink. I/We agree that failing to provide relevant information or fail to communicate with Centrelink regarding my/our circumstances I/we will be required to pay full fees. I/We understand that fees may change during the time of my enrolment and I will be notified of these by YMCA Educators.
- I/We agree to pay any relevant additional charges including, but not limited to, Late Fees, Cessation of Care and Incursion and Excursion fees.

Parent/Guardian Name:

Signature:

Date:

Parent/Guardian Name:

Signature:

Date:

- I/We agree to notify the staff of any change to information provided on the enrolment form.  No  Yes
- I/We acknowledge that it is my/our responsibility agree to abide by the rules, policies and procedures of the service.  No  Yes
- I/We have read the Access for Families Policy and understand that if necessary I/we may lose my/our bookings.  No  Yes
- 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 Coordinator in advance and in writing to this effect.  No  Yes
- I/We understand that management and/or staff **cannot** enforce Family Court Orders or Domestic Violence Orders by law.  No  Yes
- 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.  No  Yes
- 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 staff will enforce the NHMRC "Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases".  No  Yes
- 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.  No  Yes
- I/We give permission for staff and students to observe my/our child/ren to assist in developing activity programs.  No  Yes
- I/We give permission for staff to apply sunscreen to my/our child/ren prior to outdoor play.  No  Yes
- I/We give permission for my/our child/ren's name and/or photograph to be used for promotional purposes and service displays.  No  Yes
- 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  No  Yes
- 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.  No  Yes

Parent/Guardian Name:

Signature:

Date:

Parent/Guardian Name:

Signature:

Date: