

Enrolment Form

Completing this Enrolment Form

The YMCA is committed to providing quality care for your child. As a licensed children's service, the service must collect your child's enrolment information in the form as required by the Education and Care Services Regulations 2011. The information provided on the Enrolment Form is necessary for the health and safety of your child whilst in our care. We encourage families to provide as much information as possible so as the YMCA can best cater for the individual needs of your child.

If you have difficulties or questions about how to complete this Enrolment Form please speak with the Centre Director or Coordinator for assistance.

Some important things to remember

- ✓ Ensure you complete a separate Enrolment Form for each child you are enrolling into the service.
- ✓ The Enrolment Form must be completed by a parent or guardian who has lawful authority in relation to the child.
- ✓ Questions marked with an asterisk (*) are required by legislation, however families are encouraged to answer all questions to assist the service in caring for your child.

Families using the service for the first time must also provide their children's supporting documents. This includes, but is not limited to, copies of:

- Birth certificate
- Child health record (for sighting only, if available)
- Current Australian Immunisation Register Immunisation History Statement
- Legal orders (*where applicable*)
- Health care card (*where applicable*)
- Asthma and/or Anaphylaxis Management Plans (*where applicable*)
- Management Plans for other medical conditions (*where applicable*)

The YMCA is a child-safe organisation

Policies and procedures are in place and actively reviewed to ensure the safety of all children and young people whilst in our care. YMCA Victoria is a proud partner of the Australian Childhood Foundation, providing customised mandatory child protection training to all staff and volunteers. The YMCA's key policy messages can be found at www.victoria.ymca.org.au

Privacy

The YMCA acknowledges and respects the privacy of individuals. Personal information collected on your child's enrolment form and during that enrolment, including health and sensitive information, is collected, retained and used for the purpose of establishing and maintaining your child's enrolment, care, education and medical treatment of your child, processing financial payments (via financial institutions) and benefits where applicable.

By completing this enrolment form, you agree that, to the extent reasonably necessary to enable provision of your child's enrolment and in conducting the service, the YMCA of Victoria Inc, its related entities, their staff and agents and their contracted service providers such as service specialists, financial institutions, emergency service providers, Federal, State and Local Government Agencies, (Centre Owners), may be recipients of such information. If you do not wish for your personal information to be used for these purposes, the YMCA may not be able to process your child's enrolment application. You have the right to access such information and alter personal information about you and your child retained by the YMCA in accordance with the Privacy Act 1988 (Cwth). The full YMCA Privacy Policy may be obtained at request at the OSHC service or viewed online at www.victoria.ymca.org.au

You will receive communications from the YMCA from time to time to update you on matters relating to your child's enrolment. The YMCA uses a variety of means of communication including mail, email, sms and telephone. By providing contact details relating to any of these forms of communication, you consent to receiving communication by those means.

- I wish to opt-out of receiving marketing and promotional material from YMCA Victoria.

The YMCA is Victorian YMCA Community Programming Pty Ltd ACN 092 818 445

About your Child

Last Name	First Name
What would you like us to call your child?	
ΔCustomer Reference Number (CRN)	
*DOB	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
*Residential Address	
*Postcode	*Telephone
Is your child of Aboriginal, Torres Strait Island or Australian South Sea Island Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Birth	Languages Spoken at Home
What year level is your child in at Primary School? (OSHC only)	
Does your child attend another YMCA? If so, which program?	

Parent/Guardian 1

Last Name	First Name	
ΔCustomer Reference Number (CRN)		
*DOB	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
*Residential Address	*Postcode	
*Telephone (w)	*Telephone (h)	*Telephone (m)
Email	Occupation	
Country of Birth	Languages Spoken at Home	
*Does the child live with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		*Relationship to Child
Do you require a separate account? (eg. one account for Mum and one for Dad) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent/Guardian 2

Last Name	First Name	
ΔCustomer Reference Number (CRN)		
*DOB	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
*Residential Address	*Postcode	
*Telephone (w)	*Telephone (h)	*Telephone (m)
Email	Occupation	
Country of Birth	Languages Spoken at Home	
*Does the child live with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		*Relationship to Child

ΔThe child and parent Customer Reference Number (CRN), parent name and parent date of birth are used by the Centrelink Office to allocate the child care subsidy to eligible families.

PLEASE LEAVE BLANK IF NOT USING THE SERVICES BELOW

Attendance details for Child Care

Name of Recreation Facility _____

Attendance details for Before and After School Care

Name of School/Centre _____

Proposed start date _____

Please tick days required

Monday

Tuesday

Wednesday

Thursday

Friday

BSC

BSC

BSC

BSC

BSC

ASC

ASC

ASC

ASC

ASC

Attendance details for School Holiday Program

Name of holiday program/s attending _____

Child's Siblings (If you are eligible for CCS, this information is required for you to receive your full allocation)

Last Name _____

First Name _____

*DOB _____

Sex Male Female Other

Last Name _____

First Name _____

*DOB _____

Sex Male Female Other

Last Name _____

First Name _____

*DOB _____

Sex Male Female Other

Custody of Child

*Have any orders or plans been made by any court regarding your child? Yes No

If **yes**, please attach a copy of the court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child. Please discuss your family's situation with the Centre Manager/Coordinator.

Which days does the child live with you (parent/guardian 1)?

From Day _____

Time _____

To Day _____

Time _____

Which days does the child live with the other parent/guardian?

From Day _____

Time _____

To Day _____

Time _____

Permission to seek Medical Advice for my child/ren enrolled at the service

*Maternal and Child Health (MCH) Centre

*Medical Practitioner's Name

*Medical Practitioner's Address

*Medical Practitioner's Telephone

Ambulance Subscription #

Medicare Number

Child Reference #

Additional Authorised Nominees / Emergency Contacts

I authorise the following persons to collect my child from the service. There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service will attempt to notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness or to authorise administration of medication or medical treatment to the child.

At least two contacts must be provided in this section. Any person who is unknown to staff will need to produce photo ID before collecting your child. These contacts are also authorised to authorise an educator to take the child outside of the premises if required.

Do not include parent/s name/s listed above.

1 Last Name

First Name

Relationship to the child

*Address

*Postcode

*Telephone (w)

*Telephone (h)

*Telephone (m)

*Authorisation Collection Emergency Excursion Medical

2 Last Name

First Name

Relationship to the child

*Address

*Postcode

*Telephone (w)

*Telephone (h)

*Telephone (m)

*Authorisation Collection Emergency Excursion Medical

3 Last Name

First Name

Relationship to the child

*Address

*Postcode

*Telephone (w)

*Telephone (h)

*Telephone (m)

*Authorisation Collection Emergency Excursion Medical

4 Last Name

First Name

Relationship to the child

*Address

*Postcode

*Telephone (w)

*Telephone (h)

*Telephone (m)

*Authorisation Collection Emergency Excursion Medical

Getting to know your Child

*Select one of the following

- I know of no medical or other condition, circumstance or risk which my child has that may impact on or adversely affect my child's involvement in any activity, program or service in which my child may participate.
- or
- My child has the following condition/additional needs/disability which may impact on their participation in any activity, program or service.

*Please provide a current Immunisation History Statement from the Australian Immunisation Register (AIR) which shows that the child is up to date with all vaccinations that are due for their age, or that they are able to receive. This document is required to confirm enrolment. If you believe you are eligible for the 16 week grace period to provide this document, please notify the centre manager

*IHS attached and original sighted by _____ Date _____ Staff Initials _____

*Grace Period Eligibility Assessment Form (*where applicable*) completed _____ Date _____ Staff Initials _____

*Does your child have known **Allergies or Sensitivity**? Yes No

If **Yes**, please provide a current Allergy Management Plan signed by their Medical Practitioner with colour photograph.

Signed and attached Yes No

Has a **risk minimisation and communication plan** been completed by the service in consultation with you?

Staff Initials _____

*Has your child been diagnosed as at risk of **Anaphylaxis**? Yes No

If **Yes**, please provide a current Anaphylaxis Management Plan signed by their Medical Practitioner with colour photograph.

Signed and attached Yes No

Does your child have an auto injection device (e.g. an EpiPen)? Yes No

Please note, the EpiPen must be handed to staff on sign in

Has a **risk minimisation and communication plan** been completed by the service in consultation with you?

Staff Initials _____

*Has your child been diagnosed with **Asthma**? Yes No

If **Yes**, please provide a current Asthma Management Plan signed by their Medical Practitioner with colour photograph.

Signed and attached Yes No

Has a **risk minimisation and communication plan** been completed by the service in consultation with you?

Staff Initials _____

*Has your child been diagnosed with any other **medical condition**? Yes No

If **Yes**, please provide any documentation signed by their Medical Practitioner, to support your child while in our care.

Signed and attached Yes No

Has a **risk minimisation and communication plan** been completed by the service in consultation with you?

Staff Initials _____

*Does your child require regular medication? Yes No

If **Yes**, and staff are required to administer medication, you will be required to complete a Medication Administration Authorisation Form.

*Does your child have any additional needs? Yes No

If **Yes**, please provide details / attach separate sheet.

Signed and attached Yes No

Is there any other information regarding your child's health or cultural background that the staff should be aware of?

Yes No

Please attach a separate sheet if necessary.

Attached Yes No

Permissions

I give permission for my child to be photographed for the purpose of curriculum planning– observations and portfolios and for display purposes within the service. Yes No

I give permission for my child to be photographed or filmed for the purpose of publicity and/or promotions for the YMCA. Yes No

I give permission for staff to apply sunscreen to my child whilst attending the service. Yes Supply own

I agree that if my child has been injured, or becomes ill whilst at the service or otherwise in care, for the approved provider, a nominated supervisor or an educator to seek Medical treatment for the child from a registered medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service. Yes No

I give consent to the carrying out of appropriate medical, dental or hospital treatment. Yes No

Festivals and Cultural celebrations

Please provide details of festival/cultural celebrations your family recognises and those which you do not wish your child to participate in.

Additional information

To assist us with our planning and evaluation please ask your child, or list together, the following:

My child enjoys eating

My child does not eat

Favourite game or activity

*Declarations and consent to emergency medical treatment

I, _____ (print Parent/Guardian name)

a person with lawful authority of the child referred to in this Enrolment Form, declare that the information I have provided in this enrolment form is true and correct, and understand that it is my responsibility to immediately inform the YMCA of any changes or updates to this information. I also understand and agree to the following:

- I understand that it is my responsibility to advise the YMCA of any changes to the medical issues or change to the legal authority with respect to my child.
- I understand that all medical and transport costs are payable by me and are my responsibility. I give my consent for my child's medical file and enrolment details to be released to the ambulance service and the admitting hospital.
- The parent or guardian will be contacted by a YMCA staff member as soon as possible to inform them of their child's status. In the event the parent or guardian cannot be contacted a voice message will be left, where possible, and the emergency contacts as detailed on the Enrolment Form will be contacted. A YMCA staff member will continue to attempt to contact the parents or guardian by telephone.
- I agree to inform the YMCA of all medical needs and requirements of my child. This includes information of any medical condition, any medication required to be administered and any medication or other substances which should not be provided or administered to my child.
- I understand that the YMCA may telephone me and ask me to pick up my child earlier than the designated time, due to illness or as a result of an accident at the Service that may require further medical attention by the child's medical practitioner.
- I agree to collect or make arrangements for the collection of the child referred to in this Enrolment Form if she/he becomes unwell at the Service.
- I understand that a doctor's certificate may be required to allow my child to return to the Service.
- I agree to inform the program if my child contracts any illness which could be detrimental to the health of others at the program.
- I agree that the ongoing management of my child's medical condition, if any, remains my sole responsibility and is not and does not under any circumstances become the responsibility of the YMCA.
- I agree that my child's medical management plan may be displayed at the Service.

Program

- I am willing for my child to participate in all experiences offered. I agree that it is my responsibility to familiarise myself with the program and to advise the Service in writing if I do not wish for my child to participate in the particular activities.
- I understand that this Service offers incursions which I authorise for my child to take part in. All excursions will be advised in writing and separate written consent will be sought prior to attendance.
- I accept full responsibility for my child's belongings whilst taking part in the program.
- I acknowledge that due to the Education and Care Services National Regulations 2011 and Child Care Subsidy (CCS) requirements there may be times when my child's full name will be displayed at the service, in records which include but are not limited to: the sign in/out book, incident report forms, and action plans. If I have concerns about this I will advise the YMCA in writing.
- If I am a recipient of the Child Care Subsidy, I understand that it is my responsibility to maintain a current Centrelink Assessment for Child Care Subsidy. Please note for more information on this and the 'No Jab, No Play' legislation, visit www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy/how-claim/how-understand-your-assessment
- I understand to withdraw from the YMCA Service I must provide written notice within the timeframe outlined in the Family Handbook, to avoid being charged.
- I agree to adhere to and fully understand all aspects of the fee policy, including but not limited to being responsible for providing all required information relating to any government benefits I believe I am eligible for, prior to payments being due; the payment and dishonoured payments policies; and the terms outlined for the suspension of care.
- I understand that if my child is absent on their first booked day of care, I will not be eligible to receive CCS for this day, as well as additional days of absences prior to my child's first day of attendance.
- I understand that if my child is absent on their last booked day of care, I will not be eligible to receive any CCS for this day, as well as additional absent days prior to the final booked day.

continued over

Child Care Subsidy (CCS) Enrolment Agreement

As part of your enrolment at our service we require you to confirm acceptance of the following items to be eligible order to receive Government funding if available. Acceptance of these items as well as some of the other information in the enrolment form can be used as Complying Written Arrangement. Please read these items and confirm via the check box your acceptance of these items:

- I confirm that my details in this enrolment form as well as the details of the child I am enrolling are correct
- I confirm I have agreed to days of care with this service(s) and understand the start and end times of the care provided
- I confirm that care may be provided on a casual or flexible basis where available at my service/s at my request
- I confirm I understand the usual fees associated with the care of my child which may vary from time to time

I have read and understand the YMCA Family Handbook and understand all the policies and procedures and agree to adhere to these policies and procedures. I understand that I can contact the YMCA if I have any questions relating to any aspect of YMCA Service operations.

Parent/Guardian signature

Date

Parent/Guardian name

Education and Care Services National Regulation 106-4

All parents have powers and responsibilities in relation to their children that can only be changed by a court order, parenting order or parenting plan. The Education and Care National Regulations 2011 define these powers and responsibilities as:
 parenting order means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 of the Commonwealth;
 parenting plan means a parenting plan within the meaning of section 63C(1) of the Family Law Act 1975 of the Commonwealth,
 and includes a registered parenting plan within the meaning of section 63C(6) of that Act.

This section is for office use only

	SIGHTED	DATED	SIGNED
Copy of Birth Certificate			
CCS details of parent received			
Copy of Immunisation History Statement			
CCS details of child received			
Copy of Custody Order			
Child's Health Record			
Medical Management Plan			