

# YMCA Children's Services

## OstHC Enrolment Form



The YMCA is one of Australia's oldest and most respected not-for-profit organisations. Community based, the YMCA works with the government, non-profit groups and partners to provide programs and services to more than 500,000 Australians every week. Our programs operate from an asset based approach which identifies and builds on healthier, happier communities

Before School Care, After School Care and Vacation Care,  
for children attending school between the ages of 5 year and 12 years.



Enabling healthier  
and happier lives



Family Name \_\_\_\_\_ Name of School \_\_\_\_\_

Child A \_\_\_\_\_ M / F Date of birth \_\_\_\_\_ Age \_\_\_\_\_

(English Name) \_\_\_\_\_ Child's CRN Number: \_\_\_\_\_

Child B \_\_\_\_\_ M / F Date of birth \_\_\_\_\_ Age \_\_\_\_\_

(English Name) \_\_\_\_\_ Child's CRN Number: \_\_\_\_\_

Child C \_\_\_\_\_ M / F Date of birth \_\_\_\_\_ Age \_\_\_\_\_

(English Name) \_\_\_\_\_ Child's CRN Number: \_\_\_\_\_

## Background Information

Are any of the children you are enrolling of Aboriginal or Torres Strait Island background? YES  NO Child A  Child B  Child C Are any of the children you are enrolling of Non English Speaking background? YES  NO Child A  Child B  Child C 

## Parent/Carer Contact Information

**Your Contact Details: Please ensure that names provided are consistent with those registered with the Family Assistance Office.**Primary Parent/Guardian name: \_\_\_\_\_ Ph:(hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (mob) \_\_\_\_\_  
First Name Family Name Please tick Female: \_\_\_\_\_ Male: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth? \_\_\_\_\_ Centrelink CRN Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

E-mail address for correspondence: \_\_\_\_\_

Are you a single supporting parent? YES NO

Is English your first language? YES NO If no language spoken at home: \_\_\_\_\_

Are you of Aboriginal or Torres Strait Island Background? YES NO

Do you work? YES NO Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Employment Status: Full time Part time If part time/casual please indicate days of work Mon Tues Wed Thu Fri

Other Parent/Guardian name: \_\_\_\_\_ Ph:(hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (mob) \_\_\_\_\_  
First Name Family Name Please tick Female: \_\_\_\_\_ Male: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth? \_\_\_\_\_ Centrelink CRN Number: \_\_\_\_\_

Is English your first language? YES NO If no language spoken at home: \_\_\_\_\_

Are you of Aboriginal or Torres Strait Island Background? YES NO

Do you work? YES NO Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Employment Status: Full time Part time If part time/casual please indicate days of work Mon Tues Wed Thu Fri

## Culture

Please list the Cultural background of the child; \_\_\_\_\_

Please list the cultural background of each parent/guardian; \_\_\_\_\_  
\_\_\_\_\_

Please note this section is for Before and After School Care permanent bookings only, that is if you require the same days every week (whatever days you choose you will be invoiced for each wee). If you require casual days please indicate a start date and book in with the centre staff as required.

I require Permanent Care

I require Casual Care

Using the table below please indicate your child/ren's permanent attendance across the week by placing an 'X' in the box corresponding to the days you require.

Before School Care Centre Attending

Start Date: \_\_\_\_\_

After School Care Centre Attending

Start Date: \_\_\_\_\_

**Casual and Extra Bookings can be discussed with the OSHC director and will be subject to availability. All casual and Extra Bookings occur the same cancellation procedure as outlined in the Fees policy.**

CHILD A:	Mon	Tue	Wed	Thu	Fri
Before School Care days attending					
After School Care days attending					

CHILD B:	Mon	Tue	Wed	Thu	Fri
Before School Care days attending					
After School Care days attending					

CHILD C:	Mon	Tue	Wed	Thu	Fri
Before School Care days attending					
After School Care days attending					

Please list any person who is authorised to consent to medical treatment for your child from a medical practitioner, hospital and/or ambulance service.

1. Full Name:.....

Relation to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

2. Full Name:.....

Relation to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Do you consent to the transportation of your child by an ambulance service in the event of an emergency?

YES  NO

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please list any person who is authorised to permit an educator to allow another adult to take your child outside the education and care premises.

1. Full Name:.....

Relation to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

2. Full Name:.....

Relation to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Non Parent Emergency Contact Information

You MUST provide the names of TWO authorised person/s to pick up child/ren other than Parent/Guardian. (MUST BE 18 YEARS +). Contacts MUST be available to pick up your child during the hours of care and be within a reasonable distance from the centre.

1. Name: \_\_\_\_\_ Daytime Ph: \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Is this person authorised to sign in and/ or out your children from care? YES  NO

2. Name; \_\_\_\_\_ Daytime Ph: \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Is this person authorised to sign in and/ or out your children from care? YES  NO

Are any of the children you are enrolling involved in a court order? If so, please supply a copy of the court orders for our records

YES  NO

**OFFICE USE ONLY**  
Copy Court Order Attached

Yes  No

Child A

Child B

Child C

## Childcare Benefit

**IT IS RECOMMENDED THAT FAMILIES CONTACT THE FAMILY ASSISTANCE OFFICE ON 13 61 50 EACH TIME A NEW ENROLMENT WITH A SERVICE IS CREATED TO ENSURE YOUR DETAILS RELATING TO YOUR CHILD CARE BENEFIT ARE CORRECT**

Have you registered your child's details with the FAO?

Child A : YES/NO

Child B: YES/NO

Child C: YES/NO

Have you included the following details on this enrolment from to ensure your CCB can be process upon enrolment?

**Date of Birth:**

Child A YES/NO  
Child B YES/NO  
Child C YES/NO  
Registered Parent YES/NO

**CRN:**

Child A YES/NO  
child B YES/NO  
Child C YES/NO  
Registered Parent YES/NO

**Please Note: Full fees will be charged to all accounts until all of the above details are provided to the service.**

## Medical Information

Are the children you are enrolling immunised?  
(if enrolling for the first time please provide a copy of immunisation record)

Child A	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Child B	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Child C	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Have any of the children you are enrolling been diagnosed with disabilities or are they undergoing diagnosis / assessment?

YES  NO

Child A

Child B

Child C

Please specify what kind of disability, how it affects your child and what management plans are in place including medication.  
**Please note: If your child is medicated regularly there is a separate form that you must complete. Please ask staff for the form**

Have any of the children you are enrolling been diagnosed with a medical condition? E.g.. Asthma, fits/seizures, allergies, anaphylaxis, diabetes.

YES  NO

Child A

Child B

Child C

Please specify what medical condition, how it affects your child and what management plans are in place including medication.  
**Please note: If your child is medicated regularly there is a separate form that you must complete. Please ask staff**

Do any of the children you are enrolling have behavioural conditions?  
E.g.. ADHD, non-responsive, uncooperative.

YES  NO

Child A

Child B

Child C

Please specify what behavioural condition, how it affects your child and what management plans are in place including medication.  
**Please note: If your child is medicated regularly there is a separate form that you must complete.**

**PLEASE NOTE:**

To enable the commencement of your enrolment all supporting documentation such as behavioural management plans, medication and asthma plans and any other important documentation **MUST** be provided to the service. A meeting with parents/caregivers and other supporting agencies may be necessary at the service directors request.

**OFFICE USE ONLY: Behavioural Management Support Plan. Asthma/Medical Form Attached?**

YES  NO

## Medical Details

Doctor / Medical Centre Name	
Street Address	
Suburb	
Telephone Number	

## Family Medicare Details

Medicare Number		Valid To Date	
Reference number on Medicare card:	Child A <input type="checkbox"/>	Child B <input type="checkbox"/>	Child C <input type="checkbox"/>

## Dietary, Lifestyle and Religious Requirements

Is there anything that the children you are enrolling cannot eat or participate in due to lifestyle or religious choices?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Child A <input type="checkbox"/>	Child B <input type="checkbox"/>	Child C <input type="checkbox"/>
Please specify what foods or activities your child/ren cannot participate in.		

## Child Interests/Hobbies

<b>Child A</b> What are your child's interests and hobbies? E.g.. sports, art, cooking, games, books etc	
<b>Child B</b> What are your child's interests and hobbies? E.g.. sports, art, cooking, games, books etc	
<b>Child C</b> What are your child's interests and hobbies? E.g.. sports, art, cooking, games, books etc	

## Fears and Phobias

Do any of the children you are enrolling suffer from any fears or phobias?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Child A <input type="checkbox"/>	Child B <input type="checkbox"/>	Child C <input type="checkbox"/>
Please specify what fear or phobias your child/ren suffer from and how to manage them appropriately.		

<b>I give the following consents for my children:</b>	<b>Child A Full Name:</b>
	<b>Child B Full Name:</b>
	<b>Child C Full Name:</b>

**Code of Behaviour**

I have read the Code of Behaviour (see parent handbook) and agree to abide by the guidelines. I have informed my child/ren of the guidelines and take responsibility for them abiding by the guidelines. I understand that there are consequences for not following the Code of Behaviour and that the positive strategies that are outlined in the Code of Behaviour will be implemented if my child/ren is in breach of the guidelines.

**YES/ NO**

**Parent Handbook**

I have received and read the OSHC Parent Handbook and agree to be bound by the information and policies outlined by the YMCA therein.

**YES/NO**

**Privacy Acknowledgement**

I acknowledge the information provided herein by me is to be used by the YMCA for the sole purpose of providing Childcare services for my child/ren and that the information will only be released when legally required to do so. I understand that full disclosure of any additional needs for my child/ren is mandatory.

**YES/NO**

**Photography**

To being photographed or videoed for the purpose of promoting YMCA . Our centres Duty of Care ensure that children's safety and privacy is of the highest priority at all times:

**YES/NO**

**Movies**

I allow my child/ren to watch movies deemed appropriate by staff which have a rating of either 'G' or 'PG'. In centre and on excursions.

**YES/NO**

**Hairspray**

I allow my child/ren to have their hair decorated with coloured hairspray during programmed activities

**YES/NO**

**Face Painting**

I allow my child/ren to have their face painted during programmed activities.

**YES/NO**

**Travel Consent**

To travel supervised by walking, where necessary to and from the school attended by my children and planned excursions during term. I understand that due care will be taken at all times by YMCA employees and that the employee can not be held responsible for any damage or injury occurring during the travel.

**YES/NO**

I give permission for my child/ren to attend excursions. Some major excursions are compulsory. Please see our Program of Activities for details of excursions.

**YES/NO**

**General Sports**

To participate in the regular recreational activity program operated by YMCA during Outside School Hours Care. These may be soccer, football, ball games, running games, dancing, skipping, climbing etc. I understand that some of the activities in which they may participate will be physically and emotionally demanding. My child/ren's participation in any activity is voluntary and not compulsory. The YMCA and staff will duly exercise their Duty of Care:

**YES/NO**

**Medical Attention**

I give permission for ambulance, medical, hospital or dental assistance in an emergency and agree to pay all incurred costs.

**YES/NO**

## Disclaimer

I hereby give permission for my child/ren to attend YMCA Childcare and agree to abide by YMCA's policies relating to opening hours, signing in and out of children, sickness, payment of fees, including late fee payment, and suspension due to program disruptions/safety issues.

I acknowledge that there will be no refunds or credit given if I cancel any of my child/ren's enrolments without providing the two weeks prior written notice. Under the family assistance law it is not possible for absences to attract CCB in these circumstances, therefore any absences during this time will subtract full fee.

I hereby state that the above information supplied is correct and all information that may affect my child/ren's care at the YMCA has been included. I understand that enrolment in the service(s) is conditional on the accuracy of the information supplied by me and that my child/ren's participation may be terminated with no refund costs incurred, if the information is found to be inaccurate or misleading. I understand that my responses to the above questions will be acted upon as I have directed and any alteration to this information made by me will need to be made in writing.

**Your Permission:**

I \_\_\_\_\_ (the undersigned) have read all enrolment answers and conditions and agree to abide by them.

I give permission for Child A \_\_\_\_\_ Child B \_\_\_\_\_ Child C \_\_\_\_\_ to attend YMCA Childcare and will not hold the YMCA, its staff or volunteers responsible for damages and/or loss of property and/or accident.

Signed; \_\_\_\_\_

Date: \_\_\_/ \_\_\_/ \_\_\_



**YMCA**

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