

YMCA Children's Services Annual Enrolment Form 2011



Before and After School Care PLUS Holiday Adventures

Before and After School Care is for children attending school between the ages of 5 year and 12 years.
Schools serviced by our centre are:

Werrington County Public School

All OSHC centres are required to follow the enrolment Priority of Access guidelines of the Federal Government:

- First: A child at risk of serious abuse or neglect.
Second: A child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of the Family Assistance Act 1999.
Third: Children of parents who live and/or work in the Centre's Local Government Area.

For more information call the YMCA on 0417 212 553 between 9.00am and 6.00pm Monday to Friday or visit our website at www.sydney.ymca.org.au/penrith

YMCA Werrington County OSHC

John Batman Avenue, Werrington 2747

Ph: 4733 7388

Fax: 4733 4522

Mob: 0417 212 553

Email: childcare.penrith@ymca.org.au

Web: www.sydney.ymca.org.au/penrith

Please tick Care components:

Before School Care ☐

After School Care ☐

Holiday Adventures ☐

Child A

Current 2011
Photo
Please glue here

First name: _____

Child B

Current 2011
Photo
Please glue here

First name: _____

Child C

Current 2011
Photo
Please glue here

First name: _____

OFFICE USE ONLY

Account Name: _____

Date Form Received: _____

Staff Member Receipting: _____

Amount Received: \$ _____

Start Date: _____

Service Attending: _____

Checklist Completed: Yes No

Excursion T shirt Purchased: Yes No

Entered into Qikkids: Yes No



YMCA

We build strong **PEOPLE**
strong **FAMILIES**
strong **COMMUNITIES**

Family Name _____ Name of School _____

Child A _____ M / F Date of birth _____ Age _____

(English Name) _____ School grade in 2011 _____ Child's CRN Number: _____

Child B _____ M / F Date of birth _____ Age _____

(English Name) _____ School grade in 2011 _____ Child's CRN Number: _____

Child C _____ M / F Date of birth _____ Age _____

(English Name) _____ School grade in 2011 _____ Child's CRN Number: _____

Background Information (required)

Are any of the children you are enrolling of Aboriginal or Torres Strait Island background?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Child A <input type="checkbox"/>	Child B <input type="checkbox"/>	Child C <input type="checkbox"/>
Are any of the children you are enrolling of Non English Speaking background?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
What language? _____ Country of Birth? _____ 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

Relation to child: _____ Please tick *Female:* _____ *Male:* _____

Centrelink Account Name: _____

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

Relation to child: _____ Please tick *Female:* _____ *Male:* _____

Date of Birth: _____ Country of Birth? _____ Centrelink CRN Number: _____

Home Address: _____ Postcode: _____

Is person authorised to sign child/ren in and or out? 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

You **MUST** provide the names of **TWO** authorised person/s to pick up child/ren **other than Parent/Guardian**.

1. Name: _____ Daytime Ph: _____ Mobile Ph: _____

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

2. Name: _____ Daytime Ph: _____ Mobile Ph: _____

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

3. Name: _____ Daytime Ph: _____ Mobile Ph: _____

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

Childcare Details for Permanent Care

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 week). If you require casual days please indicate a start date and book in with the centre staff as required.

I require Permanent care ☐ indicate days on table below

I require Casual care only ☐

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 and write the centres name they will be attending for each Before and After School Care session.

Before School Care start date: _____

After School Care start date: _____

	Before School Care Days Attending					After School Care Days Attending					Before School Care Centre Attending	After School Care Centre Attending
	M	T	W	TH	FR	M	T	W	TH	FR		
CHILD A NAME: _____											_____ _____	_____ _____
CHILD B NAME: _____											_____ _____	_____ _____
CHILD C NAME: _____											_____ _____	_____ _____

Holiday Adventures:

An individual Holiday Adventures Booking Form will need to be completed for every school holiday period. These will be available from week 7 of every school term from your centre or our website.

Medical Information

Page 4

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. (sunscreens)

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.**

Doctor's 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 _____

Child B _____

Child C _____

OFFICE USE ONLY Asthma/Medical Form Attached
Yes ☐ No ☐

Court Orders

Page 5

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 ADVISABLE THAT ALL PARENTS HAVE THEIR CHILDREN REGISTERED WITH THE FAMILY ASSISTANCE OFFICE

Is your child registered with the Family Assistance Office for Child Care Benefit Subsidy?
Customer Reference Number (CRN) must be provided to claim the discount.

Child A YES ☐ NO ☐
Child B YES ☐ NO ☐
Child C YES ☐ NO ☐

To ensure that you receive Childcare Benefit you **MUST** provide on this 2011 Enrolment Form, the Customer Reference Number and date of birth of the caregiver who has applied for childcare benefit **AND** the Customer Reference Number and date of birth for each child who will be receiving childcare benefit. (See page 2) This is a unique number given to each individual family member.

PLEASE NOTE: Your CRN needs to be Childcare specific and activated through Centrelink.

Dietary Requirements

Is there anything that the children you are enrolling cannot eat or participate in due to lifestyle or religious choices?

YES ☐ NO ☐

Child A ☐

Child B ☐

Child C ☐

Please specify what foods or activities your child/ren cannot participate in.

Child Interests/Hobbies

Child A

What are your child's interests and hobbies?
E.g. sports, art, cooking, games, books etc

Child B

What are your child's interests and hobbies?
E.g. sports, art, cooking, games, books etc

Child C

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 ☐ NO ☐

Child A ☐

Child B ☐

Child C ☐

Please specify what fear or phobias your child/ren suffer from and how to manage them appropriately.

I give the following consents for my children:	Child A Full Name:
Child B Full Name:	Child C Full Name:

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 YMCA Media or for display within our centre/program. 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 & Face Painting

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

YES ☐ ☐ NO ☐ ☐

Sunscreen

I allow my child/ren to use provided sunscreen during programmed activities. (If no, please provide your own).

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 the excursions as indicated by me on the Booking Form. 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.

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.

The YMCA advises that your mobile phone number and email address will not be provided to any 3rd Parties. The YMCA will from time to time send you program or update information via SMS or Webmail utilising our own in-house staff and software.

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: ____/____/____