

Child/ren's Surname: _____



YMCA NSW Children's Services

Application for Enrolment 2015

All information contained in this Application for Enrolment is regarded as confidential and shall only be viewed by primary contact staff of YMCA. Please ensure all sections are read and completed in full. Incomplete Application for Enrolment forms will not be accepted.

Select a service

Parent/Guardian Information

First Name _____ Surname _____

Mobile _____ Home Phone _____

Work Phone _____ Relation to child _____

DOB / / Gender Female Male

Country of Birth _____ Centrelink Account Name _____

Centrelink CRN Number

Are you the Primary Carer for Centrelink? Yes No

Home Address _____

Postcode Email for correspondence _____

Are you a single supporting parent? Yes No Is English your first language? Yes No

If no, what is the main language spoken in the child/ren's home? _____

Are you of Aboriginal or Torres Strait Islander background? Yes No

What is your cultural background? _____

Do you work? Yes No If yes, occupation? _____

Employer name _____ Employer Address _____

Employment Status Full Time Part Time Casual Student

If part time/casual, indicate days of work Mon Tues Wed Thurs Fri

Is there an external agency paying fees? Yes No

If yes, which agency? _____

OFFICE USE ONLY

Account Name (Child/ren's Surname) _____ Checklist Completed Yes No

Have immunisation health records been sighted and a copy taken for each child? Yes No

Date form received / /

Staff member data entry signature _____ Entered into Qikkids Yes No

Staff member who received signature _____

Other Parent/Guardian Information

First Name _____ Surname _____

Mobile _____ Home Phone _____

Work Phone _____ Relation to child _____

DOB / / Gender Female Male

Country of Birth _____ Centrelink Account Name _____

Centrelink CRN Number

Home Address _____

Postcode Email for correspondence _____

Are you a single supporting parent? Yes No Is English your first language? Yes No

Are you of Aboriginal or Torres Strait Islander background? Yes No

What is your cultural background? _____

Do you work? Yes No If yes, occupation? _____

Employer name _____ Employer Address _____

Employment Status Full Time Part Time Casual Student

If part time/casual, indicate days of work Mon Tues Wed Thurs Fri

Childcare Benefit

Customer Reference Number (CRN) must be provided to claim the discount. To ensure that you receive Childcare Benefit you MUST provide on this 2015 Application for Enrolment form the Customer Reference Number and Date of Birth of the parent/guardian 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.

Are your child/ren registered with Centrelink for Child Care Benefit? Yes No

Does the child you are enrolling currently attend another service? Yes No

Do you have any other children currently enrolled in another (non YMCA) Childcare Service? Yes No

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

Please ensure all Supporting Documentation is attached to the Application for Enrolment form for:
- Family and Community Services subsidising
- Jobs, Education and Training Fee Assistance

Child's Information



Name of school _____

Full Name _____ Surname _____

English Name _____ DOB / /

Age _____ School Grade in 2015 _____ Gender Female Male

Home Address _____

Child's CRN Number

Country of Birth _____

Is this child of Aboriginal or Torres Strait Islander Background? Yes No

Is this child from a non-English speaking background? Yes No

Details for Care

Start Date / /

Please note this section is for Before and After School Care permanent bookings only.

Permanent

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

	MON	TUES	WED	THU	FRI
BEFORE SCHOOL CARE DAYS ATTENDING					
AFTER SCHOOL CARE DAYS ATTENDING					

Will your children be attending Vacation Care? Yes No

Casual Booking*

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

Doctor's Details

Doctor/Medical Centre Name _____

Street Address _____

Suburb _____ Phone Number _____

Family Medicare Details

Medicare Number

Valid to Date / / Child's Reference Number

Medical Information

Is the child you are enrolling immunised?

(If enrolling for the first time, you must provide a copy of the child's immunisation record).

Yes No

Does the child you are enrolling have additional support needs, including a medical condition?

Yes No

Please specify the additional support needs including how it affects your child. (eg. Autism, ADHD, ODD)

If your child is medicated regularly, you must fill in Additional Support Needs Information Form.

[Click here to access the form.](#)

I have received a copy of the Participation and Access of Children with Additional Support Needs Policy and Procedure.

Please specify the medical condition including how it affects your child. (eg. allergies, anaphylaxis)

If your child is medicated regularly, you must fill in Additional Support Needs Information Form.

[Click here to access the form.](#)

I have received a copy of the Dealing with Medical Conditions in Children Policy and Procedure

Please specify any behavioural condition including how it affects your child. (eg. not listening to staff, not following direction, aggressive towards self and others)

If your child is medicated regularly, you must fill in Additional Support Needs Information Form.

[Click here to access the form.](#)

I have received a copy of the Positive Guidance of Children's Behaviour Policy and Procedure.

Has your child previously run away from a service? Yes No

Authorised Nominees

Authorised nominees will be contacted in cases where the parent/guardian cannot be contacted. Please supply the names of persons who can be contacted in emergency situations. Three nominees are required to be given as Emergency Contacts. Two nominees are required to be authorised for collection or medical purposes. Indicate what the person is authorised to do by ticking the appropriate box. All nominees must be authorised to collect your child from YMCA Service. Authorised nominees must be over the age of 18.

AUTHORISED NOMINEE 1

Full Name _____

Relation to child _____ Home Phone _____

Mobile _____ Work Phone _____

Home Address _____

Authorised Nominee for Emergency Contact

Do you hereby authorise this person to be contacted by YMCA Service staff in case of emergency if you cannot be contacted? (The nominated person must be available to pick up your children within a reasonable distance to the Service.)

Yes

Authorised Nominee for Collection (Please tick for all nominees)

Do you hereby authorise the YMCA staff of the YMCA Service to allow this person to collect my child from YMCA Service? Is this authorised to sign your child in and out of the Service?

Yes

Authorised Nominee for Medical

Do you authorise hereby this person to consent for medical treatment of, or to authorise the administration of medication to your child and medical treatment from a medical practitioner, as well as to authorise the contacting of emergency vehicles as necessary and for the transportation of my child by an ambulance?

Yes

I authorise this person to consent for medical treatment for my child as outlined above.

Full name _____ Signature _____

Authorised Nominee for Authorising Staff

Do you hereby authorise this Nominee to authorise the YMCA staff to take your child outside the service?

Yes

AUTHORISED NOMINEE 2

Full Name _____

Relation to child _____ Home Phone _____

Mobile _____ Work Phone _____

Home Address _____

Authorised Nominee for Emergency Contact

Do you hereby authorise this person to be contacted by YMCA Service staff in case of emergency if you cannot be contacted? (The nominated person must be available to pick up your children within a reasonable distance to the Service.)

Yes

Authorised Nominee for Collection (Please tick for all nominees)

Do you hereby authorise the YMCA staff of the YMCA Service to allow this person to collect my child from YMCA Service? Is this authorised to sign your child in and out of the Service?

Yes

Authorised Nominee for Medical

Do you authorise hereby this person to consent for medical treatment of, or to authorise the administration of medication to your child and medical treatment from a medical practitioner, as well as to authorise the contacting of emergency vehicles as necessary and for the transportation of my child by an ambulance?

Yes

I authorise this person to consent for medical treatment for my child as outlined above.

Full name _____ Signature _____

Authorised Nominee for Authorising Staff

Do you hereby authorise this Nominee to authorise the YMCA staff to take your child outside the service?

Yes

Authorised Nominees Continued

AUTHORISED NOMINEE 3

Full Name _____

Relation to child _____ Home Phone _____

Mobile _____ Work Phone _____

Home Address _____

Authorised Nominee for Emergency Contact

Do you hereby authorise this person to be contacted by YMCA Service staff in case of emergency if you cannot be contacted? (The nominated person must be available to pick up your children within a reasonable distance to the Service.)

Yes

Authorised Nominee for Collection (Please tick for all nominees)

Do you hereby authorise the YMCA staff of the YMCA Service to allow this person to collect my child from YMCA Service? Is this authorised to sign your child in and out of the Service?

Yes

Authorised Nominee for Medical

Do you authorise hereby this person to consent for medical treatment of, or to authorise the administration of medication to your child and medical treatment from a medical practioner, as well as to authorise the contacting of emergency vehicles as necessary and for the transportation of my child by an ambulance?

Yes

I authorise this person to consent for medical treatment for my child as outlined above.

Full name _____ Signature _____

Authorised Nominee for Authorising Staff

Do you hereby authorise this Nominee to authorise the YMCA staff to take your child outside the service?

Yes

AUTHORISED NOMINEE 4

Full Name _____

Relation to child _____ Home Phone _____

Mobile _____ Work Phone _____

Home Address _____

Authorised Nominee for Emergency Contact

Do you hereby authorise this person to be contacted by YMCA Service staff in case of emergency if you cannot be contacted? (The nominated person must be available to pick up your children within a reasonable distance to the Service.)

Yes

Authorised Nominee for Collection (Please tick for all nominees)

Do you hereby authorise the YMCA staff of the YMCA Service to allow this person to collect my child from YMCA Service? Is this authorised to sign your child in and out of the Service?

Yes

Authorised Nominee for Medical

Do you authorise hereby this person to consent for medical treatment of, or to authorise the administration of medication to your child and medical treatment from a medical practioner, as well as to authorise the contacting of emergency vehicles as necessary and for the transportation of my child by an ambulance?

Yes

I authorise this person to consent for medical treatment for my child as outlined above.

Full name _____ Signature _____

Authorised Nominee for Authorising Staff

Do you hereby authorise this Nominee to authorise the YMCA staff to take your child outside the service?

Yes

Court/Parenting Orders

Is this child involved in a Court Order, Parenting Order or Parenting Plan?

Yes

No

Please Specify _____

Have you attached a copy of the Order?

Yes

No

PLEASE NOTE: It is a requirement that you provide a copy of the Court Order, Parenting Order or parenting plans to YMCA relating to the powers, duties responsibilities or authorities of any person in relations to the child or access to the child and details of the child's residence and contact with parent or other person.

Dietary Requirements/Lifestyle Choices

Is there anything that the child you are enrolling cannot eat or participate in due to lifestyle/religious choices/dietary restrictions?

Yes

No

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

Child Interests/Hobbies

What are your child's interests and hobbies?

Fear and Phobias

Does your child enrolling suffer from any fears or phobias?

Yes

No

Please specify what fear or phobia your child suffers from and how to manage them properly.

Culture

Please list the cultural background/s of the child

Consent

I give the following consents for my child (please indicate consent by ticking the appropriate box):

CODE OF CONDUCT

I have read the Code of Conduct (see Parent Handbook) and agree to abide by the guidelines. I have informed the 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 Conduct and that the positive strategies that are outlined in the Code of Behavior will be implemented if my child 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 ACKNOWLEDGMENT

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 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 is mandatory.

Yes No

PHOTOGRAPHY 1

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

Yes No

PHOTOGRAPHY 2

To being photographed or videoed for display within our centre/program only.

Yes No

MOVIES

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

Yes No

COLOURED HAIRSPRAY

I allow my child to have their hair decorated with coloured hairspray.

Yes No

FACE PAINTING

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

Yes No

SUNSCREEN

I allow my child 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 child and planned excursions during term. I understand that due care will be taken at all times by YMCA Educators and that the employee can not be held responsible for any damage or injury occurring during the travel.

Yes No

TRAVEL CONSENT

I give permission for my child to attend regular program excursions as indicated by me on the Vacation Care Booking Form. Additional authorisation will be sort for additional excursions and Vacation Care. Please see our Program of activities for details of excursions.

Yes No

GENERAL SPORTS

To participate in 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 rough/nonviolent play that may be physically and emotionally demanding. My child/ren's participation in any activity is voluntary and not compulsory. The YMCA and Educators will duly exercise their Duty of Care.

Yes No

BUS RUN SERVICE ONLY

To travel supervised by a YMCA vehicle, 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 cannot be held responsible for any damage or injury occurring during travel.

Yes No

Full Name _____

Signature _____

Parent/Guardian Responsibilities

Please indicate you have understood the below conditions of enrolment by ticking the corresponding box.

- I acknowledge that there will be no refunds or credit given for the administration fee or Vacation Care bookings if I cancel any of my child/ren's enrolments. I acknowledge I must give 2 weeks written notice for cancellation on the Account Enquiry Form for Before and After School Care enrolments.
- Privacy Statement**
YMCA NSW acknowledges and respects the privacy of individuals. The information that is being collected is for the purposes of processing your membership or enrolment and financial institution payments if applicable. YMCA NSW, its authorised staff and contracted service providers such as financial institutions and Government agencies covered by law, may be recipients of this information. If you do not wish to have your information contained in this document used or disclosed for this purpose YMCA NSW will be unable to process your membership or enrolment.
- I give permission for ambulance, medical, hospital or dental assistance in an emergency and agree to pay all incurred costs.
- I acknowledge responsibility to disclose any diagnosed or undiagnosed concerns or conditions my child/ren may have.
- YMCA NSW may require the child/ren to leave the OSHC Service in order to provide a place to a higher priority child as per the Priority of Access guidelines. If at any time the service does not have the capacity to meet the needs of the child, an exit strategy and referral will be put into place where possible.
- Parents/guardians are to maintain appropriate and respectful communication with the service. Parents/guardians must inform the service if their child is to be absent from the service or a \$10 search fee will be charged. Parents/guardians must inform the service if their child has been unwell. Parents/guardians must inform the service of any court orders in place. Parents are not to approach any child other than their own whilst at the service. Parents/guardians are not to use abusive or threatening language inclusive of swearing whilst at the service.
- I give permission for my child to attend YMCA NSW Service and will not hold the YMCA, its staff or volunteers responsible for damages and/or loss of property and/or accident.
- I hereby state that the above information supplied is correct and all information that may affect my child/ren's care of the care of other children enrolled 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.

I (full name) _____ (the undersigned) have read all enrolment answers and conditions and agree to abide by them.

Signature: _____

YMCA NSW Children's Services

Pay By The Week Form 2015



Methods of Payment

Please tick to indicate method of payment:

Credit Card

Cheque to YMCA of Sydney

Direct Debit

Select a service

Request and Authority to debit the account named below to YMCA of Sydney

Surname or Company Name _____

Your Given Names or ABN/ARBN _____ "You"
request and authorise YMCA of Sydney [User ID 410226] to arrange, through its own financial institution, a debit to your nominated account any amount YMCA of Sydney has deemed payable to *you*.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Pay by the Week Request Service Agreement.

Financial Institution

Financial Institution Name _____

Address _____

Bank Account Details

Names on Account _____

BSB Number (must be 6 digits)

Account Number _____

OR

Visa Mastercard Direct Debit

Cardholders Name _____

Credit Card Number

Expiry Date / /

Account _____

Signed _____

Signature and Address

Full Name _____ Signature _____

Address _____

Date / /

Second Account Signatory (if required)

Full Name _____ Signature _____

Address _____

Date / /

Acknowledgement

By signing and/or providing us with a valid instruction to respect to your Pay By the Week Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and YMCA of Sydney as set out in this Request and in your Pay by the Week Request Service Agreement.