**YMCA Outside School Hours Care – 2017 Enrolment Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Information** | | | | | | | | | | | | | | | | | | |
| **OSHC Service** | |  | | | | | **Vacation Care Service** | | | | | |  | | | | | |
| **Account Name** | |  | | | | | **Siblings at YMCA OSHC** | | | | | |  | | | | | |
| **Child’s Details** | | | | | | | | | | | | | | | | | | |
| **First Name** | |  | | | | | **Last Name** | | | | | |  | | | | | |
| **Date of Birth** | | **/** **/** | | | | | **Gender** | | | | | | **Male  Female** | | | | | |
| **Child CRN** | |  | | | | | **School** | | | | | |  | | | | | |
| **Child’s Primary Address** | |  | | | | |  | | | | | |  | | | | | |
| **Cultural Background** | |  | | | | | **Aboriginal or Torres Strait Islander** | | | | | | | | | | Y  N | |
| **Language(s) Spoken at Home** | |  | | | | | | | | | | | | | | | | |
| **2017 Booking – Days Required** | | | | | | | | | | | | | | | | | | |
| **START DATE for Booking:       /       /** | | | | | | | | **Note:** if your child does not attend on the first days of care, we are unable to apply Government rebates & you will be charged full fees for these days | | | | | | | | | | |
| **Before School Care M  T  W  T  F  OR Casual Only** | | | | | | | | | | | | | | | | | | |
| **After School Care M  T  W  T  F  OR Casual Only** | | | | | | | | | | | | | | | | | | |
| **Vacation Care Vacation Care Only** | | | | | | | | **Note:** a separate Vacation Care Booking Form is required each holiday | | | | | | | | | | |
| **Consents & Permissions** | | | | | | | | | | | | **Please provide a recent photograph of your child** | | | | | | |
| **Photography** | | I give consent for my child to be photographed for display within the service | | | | | | | Y  N | | |
| **Travel - Walking** | | I give consent for my child to travel supervised from school to the OSHC service by walking, I understand that due care will be taken at all times by YMCA educators. | | | | | | | Y  N | | |
| **Travel – Bus** | | I give consent for my child to travel supervised to & from school in a YMCA NSW vehicle. I understand that due care will be taken by YMCA employees. | | | | | | | Y  N | | |
| **Custody & Family Arrangements** | | | | | | | | | | | | | | | | | | |
| Are there any Court Orders, Parenting Plans or Parenting Orders relating to this child?  **If YES, please attach certified a copy** | | | | | | | | | | | | | | | | Y  N | | |
| Are there any special family arrangements (i.e. Sole parent, shared custody etc.)?  **If YES, please provide details:** | | | | | | | | | | | | | | | | Y  N | | |
| **Medical & Other Alerts – Quick Reference** | | | | | | | | | | | | | | | | | | |
| **My child is fully immunised** Y  N | | | | | Note: in the event of an outbreak, children who are not fully immunised or cannot provide evidence of immunisation, may be excluded from the service. | | | | | | | | | | | | | |
| **Asthma** | | | **Anaphylaxis** | | **Allergies** | | | | | | | | | |  | | | |
| **Other:** | | | | | | | | | | | | | | | | | | |
| **Detailed Health Information & Additional Needs** | | | | | | | | | | | | | | | | | | |
| Please provide details of your child’s general health and any additional needs that we should be aware of | | | | | | | | | | | | | | | | | | |
| **Any known Allergies?**  (for Anaphylaxis, please complete additional details on Page 4) | | | | | | | | | | | | | | | | | | Y  N |
| Details: | | | | | | | | | | | | | | | | | | |
| **Any diagnosed medical conditions, medications or specific health care needs?** | | | | | | | | | | | | | | | | | | Y  N |
| Details: | | | | | | | | | | | | | | | | | | |
| **Any dietary requirements / restrictions or other intolerances (not formally diagnosed)?** | | | | | | | | | | | | | | | | | | Y  N |
| Details: | | | | | | | | | | | | | | | | | | |
| **Any previous serious injuries or illness that may affect their time at the service?** | | | | | | | | | | | | | | | | | | Y  N |
| Details: | | | | | | | | | | | | | | | | | | |
| **Has your child been diagnosed with (or currently undergoing assessment for) any condition that may require additional support?** (eg. ADHD, Autism, Asperger’s)  *Please provide a copy of any relevant documentation or support plans* | | | | | | | | | | | | | | | | | | Y  N |
| Details: | | | | | | | | | | | | | | | | | | |
| **Is there any additional information that would help us to better support your child in a mixed aged group education and care setting?** (eg. cultural/religious considerations; fears and phobias; difficulty following direction; aggressive behaviours towards self and others; history of running away from a service) | | | | | | | | | | | | | | | | | | Y  N |
| Details: | | | | | | | | | | | | | | | | | | |
| **Anaphylaxis** | | | | | | | | | | | | | | | | | | |
| **Has your Child been diagnosed as being at risk of Anaphylaxis?**  IF YES, please answer the following: | | | | | | | | | | | | | | | | | | Y  N |
| **Does your child have an auto injection device? Eg. Epipen or other medication related to their Anaphylaxis?** | | | | | | | | | | | | | | | | | | Y  N |
| Details: | | | | | | | | | | | | | | | | | | |
| **Does your child have any dietary requirements related to their Anaphylaxis?** | | | | | | | | | | | | | | | | | | Y  N |
| Details: | | | | | | | | | | | | | | | | | | |
| **Does your child have any environmental requirements related to Anaphylaxis?** | | | | | | | | | | | | | | | | | | Y  N |
| Details: | | | | | | | | | | | | | | | | | | |
| **I have completed and attached an Action Plan and Medical Alert Sheet (REQUIRED)** | | | | | | | | | | | | | | | | | |  |
| **Parent/Carer Acknowledgement** | | | | | | | | | | | | | | | | | | |
| * I have received, from the OSHC Coordinator, the policies and procedures relevant to my child/ren’s medical/additional care needs and have been assisted to complete the relevant documentation e.g./ Medical Alert Sheet and Risk Minimisation and Communication Plan. * I understand that, where medical conditions/ dietary intolerances have been medically diagnosed, that Medical Alert Sheet and Risk Minimisation and Communication Plan may need to be accompanied with documentation from the medical practitioner eg. emergency action plans. * I understand that this information will be reviewed with the OSHC Coordinator and that should any changes to my child’s condition occur I must notify the service as soon as practical and possible. | | | | | | | | | | | | | | | | | | |
| **Name (Print)** |  | | | | | | | | | | | | | | | | | |
| **Signature** |  | | | | | | | | | **Date** | | | | **/       /** | | | | |
| **Registered Medical Practitioner Details** | | | | | | | | | | | | | | | | | | |
| **Doctor’s Name** | | | |  | | | | | | | | | | | | | | |
| **Doctor’s Contact Number** | | | |  | | | | | | | | | | | | | | |
| **Doctor’s Address** | | | |  | | | | | | | | | | | | | | |
| **Child’s Medicare No** | | | |  | | | | | | | | | | | | | | |
| **Permission for Educators to Act in Case of Emergency:**  In case of an accident or illness requiring emergency treatment, the team member in charge will call an ambulance if required. Every effort will be made to contact the parent/guardian or those listed as authorised nominees to inform them of the situation.   * I/we authorise the approved provider, nominated supervisor or educator to seek/provide urgent medical, dental, hospital treatment or ambulance service, including the transportation by ambulance (where possible, accompanied by an education & care service team member), for my child should this be considered necessary and accept any responsibility for cost incurred. * I have read and agreed to abide by the conditions of the use of the service and accept such responsibility as enrolment at the services imposes | | | | | | | | | | | | | | | | | | |
| **Name (Print)** | |  | | | | **Signature** | | | | |  | | | | | | | |

**Parent / Carer Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name on Account** | |  | |  | |  | |
|  | | | | | | | |
| **PRIMARY Parent/Carer Details** (Primary Contact registered for Government rebates and benefits) | | | | | | | |
| **First Name** |  | | **Last Name** | |  | | |
| **Relationship to Child** |  | | **Cultural Background** | |  | | |
| **Street Address** |  | |  | |  | | |
| **Suburb** |  | | **Postcode** | |  | | |
| **Mobile Phone** |  | | **Home Phone** | |  | | |
| **Email**  (for Statements) |  | |  | |  | | |
| **Work Phone** |  | | **Occupation** | |  | | |
| **Work Address** |  | |  | |  | | |
| *Please provide the following details for calculation and claim of applicable Government rebates:* | | | | | | | |
| **Parent/Carer Date of Birth** | **/       /** | | | | | | |
| **Parent CRN** |  | | | | | | |
|  | | | | | | | |
| **SECOND Parent/Carer Details** | | | | | | | |
| **First Name** |  | | **Last Name** | |  | | |
| **Relationship to Child** |  | | **Cultural Background** | |  | | |
| **Street Address** |  | |  | |  | | |
| **Suburb** |  | | **Postcode** | |  | | |
| **Mobile Phone** |  | | **Home Phone** | |  | | |
| **Email** |  | |  | |  | | |
| **Work Phone** |  | | **Occupation** | |  | | |
| **Work Address** |  | |  | |  | | |
|  | | | | | | | |
| **Childcare Benefits** | | | | | | | |
| Is your child registered with Centrelink? | | | | | | | Y  N |
| Does your child attend another child care service? | | | | | | | Y  N |
| Do you have any other children currently enrolled with a non-YMCA child care service? | | | | | | | Y  N |
| **\*\*\* Please note that under Government Regulations, any absences occurring on the first or last days of your child/ren’s enrolment are not eligible for childcare benefits and will be charged at full fee.\*\*\*** | | | | | | | |

**Authorised Nominees (Emergency Contacts)**

Please provide details for at least one other person who can collect your child/ren in case of emergency.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Authorised Nominee 1** | | | | | |
| **First Name** |  | **Last Name** |  | | |
| **Address** |  |  |  | | |
| **Mobile Phone** |  | **Home Phone** |  | | |
| **Work Phone** |  | **Relationship to Child** |  | | |
| **Email** |  |  |  | | |
| **Permissions** | EMERGENCY: Contact in Case of Emergency if I cannot be contacted | | | |  | |
| COLLECTION: Collect my child/ren and sign them in & outof the service | | | |  | |
| EXCURSIONS: Give permission for my child/ren to attend Excursions | | | |  | |
| MEDICAL: Consent to medical treatment or administration of medication | | | |  | |
| **Authorised Nominee 2** | | | | | |
| **First Name** |  | **Last Name** |  | | |
| **Address** |  |  |  | | |
| **Mobile Phone** |  | **Home Phone** |  | | |
| **Work Phone** |  | **Relationship to Child** |  | | |
| **Email** |  |  |  | | |
| **Permissions** | EMERGENCY: Contact in Case of Emergency if I cannot be contacted | | | |  | |
| COLLECTION: Collect my child/ren and sign them in & outof the service | | | |  | |
| EXCURSIONS: Give permission for my child/ren to attend Excursions | | | |  | |
| MEDICAL: Consent to medical treatment or administration of medication | | | |  | |
| **Authorised Nominee 3** | | | | | |
| **First Name** |  | **Last Name** |  | | |
| **Address** |  |  |  | | |
| **Mobile Phone** |  | **Home Phone** |  | | |
| **Work Phone** |  | **Relationship to Child** |  | | |
| **Email** |  |  |  | | |
| **Permissions** | EMERGENCY: Contact in Case of Emergency if I cannot be contacted | | | |  | |
| COLLECTION: Collect my child/ren and sign them in & outof the service | | | |  | |
| EXCURSIONS: Give permission for my child/ren to attend Excursions | | | |  | |
| MEDICAL: Consent to medical treatment or administration of medication | | | |  | |
| **Parent/Carer Acknowledgement** | | | | | |
| I understand that Authorised Nominees will be contacted in emergency situations in instances where all attempts to contact the parent/legal guardians have failed, or when prior written notice has been provided by the parent/legal guardian. | | | |  | |
| I certify that all Authorised Nominees are over the age of 18 | | | |  | |
| I have informed the Authorised Nominees of their responsibilities in relation to my child/ren and the service, including the requirement to show Photo ID when collecting my child/ren from the service. | | | |  | |
| **Name (Print)** |  | **Signature** |  | | |

**Terms and Conditions**

|  |  |  |  |
| --- | --- | --- | --- |
| Please read the following terms and conditions carefully | | | |
| **Payment of Fees** I hereby acknowledge that:   * I am wholly responsible for all fees payable to YMCA NSW, in respect to my child being in care. * My child’s Before and After School Care fees must be paid 2 (TWO) weeks in advance * My child’s care may be suspended or cancelled if fees are not paid within 14 days. * I must give 2 (TWO) weeks’ written notice for CANCELLATION OF CARE or CHANGE OF DAYS for Before and After School Care Enrolments. * No Refunds or Credits are available for Vacation Care Bookings | | | |
| **Mandatory Communication Requirements:**   * I have read the Mandatory Communication Requirements of Parents/Guardians and agree to abide by the guidelines. I also understand that I must inform the service if:   + My child will be absent, or a search fee will be charged to my account   + My child is, or has been, unwell   + There are any Court Orders, Parenting Plans or Parenting Orders in place regarding my child   + My child has any diagnosed or undiagnosed health or behavioural concerns or conditions | | | |
| **Parent Handbook**   * I have accessed and read the Parent Handbook and agree to be bound by the information, policies and procedures outlined by the YMCA NSW. | | | |
| **YMCA NSW Policies & Procedures**   * I understand that I must familiarise myself with the YMCA NSW policies and procedures as soon as possible and practical and discuss any concerns with the OSHC Coordinator. * I am aware that the service policies are always available to me in the OSHC Service and printed copies may be provided to me on request. By signing below I am agreeing that the responsibility to read and understand the policies and procedures is mine and agree to abide by them at all times * I am also aware that the policies and procedures will change from time to time due to review by the Education and Care Service/Approved Provider to ensure they meet Regulatory requirements. I am aware that I am provided with opportunity to contribute to the policy review process at any time and that the OSHC Service will notify me of changes made | | | |
| **Priority of Access Guidelines**   * I understand YMCA NSW may require my child 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 | | | |
| **Privacy Acknowledgment:**   * I acknowledge the information provided in this form is to be used by the YMCA NSW for the sole purpose of providing OSHC services for my child and that the information will only be released when legally required to do so. * YMCA NSW, authorised educators 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 information contained in this document used or disclosed for this purpose YMCA NSW will be unable to process your enrolment | | | |
| **Liability:**   * I give consent for my child to attend a YMCA NSW service and will not hold the YMCA, its educators 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’s care and the care of other children enrolled at the YMCA NSW 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’s participation may be terminated with no refund of 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 will need to be made by me in writing. | | | |
| **Name (Print)** |  | | |
| **Signature** |  | **Date** | **/       /** |

**Safeguarding Children, Young People and Vulnerable Adults**

YMCA NSW is committed to creating and maintaining an environment that ensures all people involved in YMCA NSW activities, programs or services act in the best interests of children, young people and vulnerable adults, and take all reasonable steps to ensure their safety, welfare and wellbeing.

|  |  |  |  |
| --- | --- | --- | --- |
| Please read the following and indicate your acknowledgement and acceptance of our Safeguarding Policy: | | | |
| I acknowledge that YMCA NSW is committed to creating and maintaining an environment that ensures all people involved in YMCA NSW activities, programs or services act in the best interests of children, young people and vulnerable adults, and take all reasonable steps to ensure their safety, welfare and wellbeing.  I understand that there is a requirement for all  YMCA NSW employees, volunteers, student placements, consultants and contractors, affiliated associations, clients, parents, guardians, families and others associated with the YMCA NSW to understand the important responsibility they have to:   * Protect children, young people and vulnerable adults from all forms of abuse, bullying and exploitation by our people; * Be alert to incidents of child abuse and neglect occurring outside the scope of our operations and services that may have an impact on the children, young people and vulnerable adults to whom we provide a service; and * Create and maintain a child-safe culture that is understood, endorsed and put into action by all the individuals who work for, volunteer or access our programs and services.   I understand that no photography is permitted within a YMCA NSW centre without prior management consent.  All incidents that you are involved in or witness to must be reported to management immediately. This includes, but is not limited to concerns for a child, young person or vulnerable adult’s welfare or well-being, concerns for the safety of others, accidents, injuries, illnesses, complaints and inappropriate or suspicious conduct. | | | |
| **Name (Print)** |  | | |
| **Signature** |  | **Date** | **/       /** |

**Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Received by:** |  | **Date:** |  |
| **Entered into QikKids by:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Checklist** | |
| All sections of the Enrolment Form have been completed |  |
| Parent has completed a Direct Debit Authorisation Request Form  ***If NO, please indicate why, and what payment arrangements are in place:*** |  |
| The following documents are attached, where required: |  |
| Medical Alert Sheet |  |
| Asthma Management Plan |  |
| Risk Minimisation and Communication Plan |  |
| Court Orders, Parenting Plans or Parenting Orders |  |

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| **Notes** |
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**Direct Debit (Pay-By-The-Week) Authorisation**

**Please Note: Your first Direct Debit Payment will include charges for the first 2 weeks of care**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OSHC Service** | |  | | |
| **Family / Account Name** | |  | | |
|  | | | | | |
| **Request and Authority to debit the account named YMCA Sydney** | | | | | |
| **Surname or Company Name** | |  | | | |
| **Given Names or ABN/ABRN** | |  | | | |
| “You” request and authorise YMCA of Sydney [User ID 410226] to arrange, through its own financial institution, a debit to your nominated account of any amount YMCA of Sydney has deemed payable by *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.  By signing and/or providing us with a valid instruction regarding your Direct Debit 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 Direct Debit Request service agreement. | | | | | |
| **PAYMENT METHOD (please select one method only)** | | | | | |
| **Credit or Debit Card** | | | | | |
| **Card Type** | | Visa  Mastercard | | | |
| **Name on Card** | |  | | | |
| **Card Number** | |  | | | |
| **Expiry Date** | | **/** | | | |
| **Bank Account (EFT Direct Debit)** | | | | | |
| **Financial Institution** | |  | | | |
| **Name(s) on Account** | |  | | | |
| **BSB (6 Digits)** | |  | | | |
| **Account Number** | |  | | | |
|  | | | | | |
| **AUTHORITY** | | | | | |
| **Account or Card Signatory** | | | **Second Account Signatory (if required)** | | |
| **Full Name** |  | | **Full Name** |  | |
| **Address** |  | | **Address** |  | |
| **Signature** |  | | **Signature** |  | |
| **Date** | **/       /** | | **Date** | **/       /** | |

**Important Information**

**Statements and Payment**

***Statements will be emailed to families each week from the following email address:***

[YMCAStatements@ymcansw.org.au](mailto:YMCAStatements@ymcansw.org.au)

* This email address is not monitored. Please DO NOT reply to this email address.
* Some email providers may incorrectly mark this as a Spam or Junk email. If you are not receiving statements, please check your Spam or Junk folder and consider adding this email address to your address book.

***Before and After School Care fees will be charged 2 weeks in ADVANCE***.

* The first direct debit for Before and After School Care in 2017 will occur on Friday 27th January 2017 and will include payment for the **first 2 weeks of care** in Term 1.
* Families who commence Before and After School care during the school term (mid-Term) will automatically be charged for **their first 2 weeks of care** when they make their first payment.
* After the initial payment, weekly direct debits will occur throughout the year, as shown below:

|  |  |
| --- | --- |
| **Date of Direct Debit** | **Period of Care to be Charged** |
| **First Weekly Direct Debit**  Friday 27th January 2017 - prior to start of Term 1 | Families charged for **Week 1 and Week 2** of Before and After School Care |
| **Second Weekly Direct Debit**  Friday 3rd February 2017 - end of Week 1, Term 1) | Families charged for **Week 3** of Before and After School Care |
| **Third Weekly Direct Debit**  Friday 10th February 2017 (end of Week 2, Term 1) | Families charged for **Week 4** of Before and After School Care |

* Weekly direct debits will continue throughout each school holiday period to assist with debt reduction and ensure that accounts are 2 weeks in credit for the start of each term.