

ENROLMENT FORM

Date of Enrolment:..... / /

Name of Child: Date of Birth:/...../..... Sex: Male Female

Address:

..... Post Code:

Home Phone No: Mobile Phone No:

Email:.....

Days of Care Required: Mon Tue Wed Thu Fri Times:

Date of First Attendance:/...../..... Age on Day of First Attendance:

PARENT/CAREGIVER INFORMATION		
Parent / Caregiver Name.....	Occupation / Previous Occupation.....	
Home Address.....	Home Phone No.....	Mobile No.....
Place of work.....	Work Contact No.....	Hours of work.....
Parent / Caregiver Name.....	Occupation/Previous Occupation.....	
Home Address.....	Home Phone No.....	Mobile No.....
Place of work.....	Work Contact No.....	Hours of work.....
Do both parents have legal custody of the child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, who does have custody?.....		
Do you have any court orders? (please supply a copy to the Director)		

ADDITIONAL PERSON/S AUTHORISED TO COLLECT CHILD		
1. Name:	Address:	
Phone Number:		
2. Name:	Address:	
Phone Number:		

EMERGENCY CONTACT INFORMATION		
If you are unable to be contacted, in the case of illness or emergency, whom do you wish to be contacted?		
Name.....	Address.....	Relationship.....
		Phone No.....
Family Doctor's Name:	Phone No.....	
Family Doctor's Address:		

CHILD'S MEDICAL HISTORY

There are a number of physical/medical difficulties which can affect children (e.g.) allergies, food intolerances, rashes, asthma, diabetes, eczema, febrile convulsions, reactions to bee stings.

Are you aware of any of the above, or any other conditions relating to your child? Yes No

If yes, please specify and attach an action plan for treatment (if necessary).....

Is your child on any medication? Yes No (If yes, please specify).....

Has your child ever had any serious illnesses or accidents?

Does your child suffer from any disability?

Is your child at present under medical treatment?

Has your child ever been hospitalised?

Has your child attended other specialist agencies? (e.g. Guidance and Special Education, Speech or Occupational Therapy, Other (please specify)

Please note any specific considerations.....

Is your child up to date with all vaccinations?.....

PARENTS' COMMENTS

Is your child toilet trained? Yes No

Does your child have any specific fears?

Are there any objects that your child likes to carry for security?

Have there been any major changes to your family recently? (Please tick)

- | | | |
|--------------|--|---|
| for example: | <input type="checkbox"/> a new baby | <input type="checkbox"/> moving house |
| | <input type="checkbox"/> death in the family | <input type="checkbox"/> marriage of parents |
| | <input type="checkbox"/> separation of parents | <input type="checkbox"/> other (please specify) |

How does your child spend their time at home?

Has your child attended another Centre (e.g. Kindergarten, Child Care Centre, Family Day Care, Playgroup, Babysitter?)

Will your child continue to attend another Centre once enrolled at this Centre? Yes No

How do you expect your child to react to starting at the Centre?

In what ways do you consider attendance at the Centre might help your child?

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There are a number of interests, skills and hobbies that parents can contribute to the educational program. Are there any particular interests that you would be willing to share?

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Any other information that will help us to care for your child

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Child Protection

The YMCA regards its role in the protection of children in their care as of the utmost importance. The YMCA has a range of policies and procedures to keep children and young people safe. Details of these policies are available at www.brisbaneymca.org.au. Please take the time to read these policies to better understand our guiding principles and how you can report child safety concerns that you may have. Your feedback is always appreciated. The YMCA has a moral and legal duty to care for children associated with the service whilst not in the care of their parents/guardians or primary carers. Proactive strategies are implemented including the promotion of protective behaviours for children.

All staff hold a blue card to work with children and have been made aware of and trained in the Safeguarding Children and Young People Policy of the YMCA of Brisbane.

Privacy Policy

The information we collect by your completion of this document is for the purpose of properly providing our services to you/your child. The information will remain confidential and will be used strictly in accordance with our privacy policy. The YMCA Privacy Policy can be located on our website, www.ymcafitness.net/ywest , or a copy is available on request at reception.

Release Form

I hereby authorise the YMCA of Brisbane and/or agents to make use of (tick the relevant box):

- Photographs of me
- My original materials
- Photographs, and/or original materials of my minor child

Produced in any medium and to put such pictures and materials to any authorised use by the YMCA of Brisbane without limitation or reservation and agree to hold the YMCA of Brisbane and/or its agent harmless against any claims arising from the use of such materials.

FOR ADULTS

NAME
Given Name Family Name

COMPANY (if applicable)

DATE

SIGNATURE

FOR CHILDREN

FULL NAME OF MINOR CHILD
(if applicable) Given Name Family Name

PARENT/GUARDIAN SIGNATURE

TO BE COMPLETED BY YMCA ESTABLISHMENT MANAGER

Establishment Manager

Photography Date

Location

Subject of Photography

Intended Use

AGREEMENT FORM

I WISH TO ACCEPT ENROLMENT FOR MY CHILD AT THIS CENTRE AND I AGREE:

- a) That in the case of sudden illness or accident of my child/children and when I cannot be contacted, the Director or a staff member, as agent for the parents, shall have discretionary power to provide immediate medical attention at the parent's expenses. (When contacted, the parent must make every effort to attend to their child's needs).

- b) To comply with rules and regulations of the Centre during the period of my child's enrolment and to accept responsibility for ensuring that my child's enrolment information is kept up to date.

- c) To ensure that the child is brought to the Centre by myself or a responsible adult (over 18 years of age) that a member of the staff of the Centre is notified, and the sign-in/out sheet is signed on arrival and departure.

- d) To keep my child from the Centre when suffering from infection or contagious disease, and to comply immediately with any request by the Director to remove the child from the Centre if, in her opinion, the child is too ill to remain present.

- e) To comply with medical, health and hygiene policies.

- f) To pay in advance per term. I understand that a no refund policy will apply.

- g) I have received a copy of the Parent Handbook.

Signature: Signature:.....

(Relationship to Child): (Relationship to Child).....

Witness: Date:.....

OFFICE USE ONLY

Date child withdrawn from Centre:/...../.....

Reasons for withdrawal

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