



2017 Enrolment Form

How did you hear about YMCA Vacation Care?

- Internet Past User Word of Mouth
 Flyers Other _____

Registered Parents Name:	Registered Parents CRN:
Parents DOB:	
Phone (H):	Phone (M):

Child's Name:	Age	DOB	Gender		
Childs CRN:			<input type="checkbox"/> M <input type="checkbox"/> F		
1	Has your child had a history of ill health or been hospitalised?			<u>Comments</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have any allergies?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child require staff to administer any medication? If yes, Please see a staff member to complete form 07-534				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have any fears?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Has your child received the relevant immunisations for their age?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have any special needs? #				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have a disability #				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is your child able to swim confidently?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Child's Name:	Age	DOB	Gender		
Childs CRN:			<input type="checkbox"/> M <input type="checkbox"/> F		
2	Has your child had a history of ill health or been hospitalised?			<u>Comments</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have any allergies?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child require staff to administer any medication? If yes, Please see a staff member to complete form 07-534				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have any fears?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Has your child received the relevant immunisations for their age?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have any special needs? #				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have a disability #				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is your child able to swim confidently?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Child's Name:	Age	DOB	Gender		
Childs CRN:			<input type="checkbox"/> M <input type="checkbox"/> F		
3	Has your child had a history of ill health or been hospitalised?			<u>Comments</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have any allergies?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child require staff to administer any medication? If yes, Please see a staff member to complete form 07-534				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have any fears?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Has your child received the relevant immunisations for their age?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have any special needs? #				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have a disability #				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is your child able to swim confidently?				<input type="checkbox"/> YES <input type="checkbox"/> NO

4	Child's Name:	Age	DOB	Gender	
	Child's CRN:			<input type="checkbox"/> M <input type="checkbox"/> F	
	Has your child had a history of ill health or been hospitalised?			<u>Comments</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have any allergies?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child require staff to administer any medication? If yes, Please see a staff member to complete form 07-534				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have any fears?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Has your child received the relevant immunisations for their age?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your child have any special needs? #				<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child have a disability #				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your child able to swim confidently?				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Number of children attending another child care centre:

Parent/Guardian 1 <small>(Account Holder)</small>	Registered Parent Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F
	Address (H):		
	Phone (H):	Mobile:	
	Relationship to children:		
	Employer:	Occupation:	
	Address (W):		
	Phone (W):	Email:	
Parent/Guardian 2	Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F
	Address (H):		
	Phone (H):	Mobile:	
	Relationship to children:		
	Employer:	Occupation:	
	Address (W):		
	Phone (W):	Email:	

Details of Parental Custody/Court Orders: Documentation attached: Yes No

Family Doctor:

Address:

Phone:

Medicare No

Family's Country of Origin:

Aboriginal or Torre Strait Islander:

Language spoken at home:

Family Religion:

Are there any cultural issues that you would like the service staff to be aware of?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Please note that it is a requirement of the Department of Education, Employment and Workplace Relations (DEEWR) that YMCA Vacation Care services gather this information. DEEWR use this data for statistical purposes.

Emergency contacts and people authorised to collect children, other than parents/guardians :	
1. Name:	Relationship to child:
Address:	
Phone:	Mobile:
2. Name:	Relationship to child:
Address:	
Phone:	Mobile:

<input type="checkbox"/> I/We agree to notify the Coordinator of any change to information provided on the enrolment form.
<input type="checkbox"/> I/We have read and understand the YMCA terms and conditions which outline the payment of fees and agree to pay all childcare fees incurred.
<input type="checkbox"/> I/We understand that it is my/our responsibility to ensure all Child Care Benefit requirements are fulfilled and if I/we fail to do so I/we will be responsible for paying full fees. I/We understand that I/we must link my/our child/children to the service, provide my/our date of birth and provide parent and child Customer Reference Numbers.
<input type="checkbox"/> I/We acknowledge that I/we am aware that <u>the parent handbook is available on the YMCA Website</u> and agree to abide by the rules, policies and procedures of the service.
<input type="checkbox"/> I/We have read the Access and Inclusion Policy Statement and understand that if necessary I/we may lose my/our bookings.
<input type="checkbox"/> I/We understand that it is necessary to personally sign children out as required for the various care sessions. If any person apart from those listed on the enrolment form is to collect and sign out my/our child/children, I/we agree to notify the Coordinator in advance and in writing to this effect.
<input type="checkbox"/> I/We agree to inform the Coordinator of any absence of my child/children as soon as possible and understand that there may be fees associated with changing bookings.
<input type="checkbox"/> I/We understand that management and/or staff cannot enforce Family Court Orders or Domestic Violence Orders by law.
<input type="checkbox"/> I/We agree to keep my/our child/children from attending the Program should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council (NHMRC). I/We accept that the Coordinator will enforce the NHMRC "Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases".
<input type="checkbox"/> I/We authorize all YMCA staff to provide any required first aid and further to ensure that appropriate medical attention is provided in an emergency. I/We give permission for YMCA to obtain at my/our cost medical, hospital and ambulance service in the case of an accident or emergency involving my/our child/children.
<input type="checkbox"/> I/We give permission for staff to apply sunscreen to my/our child/children prior to outdoor play.
<input type="checkbox"/> I/We give permission for my/our child/children name and/or photograph to be used for promotional purposes (including but not limited to Facebook) and service displays.
<input type="checkbox"/> I/We give permission for my/our child/children name and/or photograph to be used within the service for educational purposes.
<input type="checkbox"/> I/We agree to pay any relevant additional charges including, but not limited to, late fees and incursion/excursion fees.

Parent/Guardian Name:	
Signature:	Date:

<i>Office Use Only</i>			
Date received:	Date entered into QK:	Entered into QK by:	

Please fax, email, or post completed form – including signature.

FAX Instructions

- Print completed form
- Sign printed copy
- Fax to 07 3279 5492

YMCA Jamboree Heights
76 Andaman street
Jamboree Heights 4074

POST Instructions

- Print completed form
- Sign printed copy
- Post to:

Email Instructions

Print completed form
Sign printed copy
Email to ywest.childcare@ymcabrisbane.org