

YMCA Ballarat Outside School Hours Care (OSHC) Enrolment form



This form must be filled out completely before registration can occur.

Please ensure all required documentation is attached.

To complete registration for our services the following forms are required;

- Outside School Hours Care Enrolment Form (Part A and B)
- Direct Debit Form (*not required if already lodged*)
- Booking Form

When completed, please return these documents to the YMCA Office in person, via fax or email.

If you have any questions about this form please call YMCA Ballarat. Further information about our Outside School Hours Care programs can be found online at www.ballarat.ymca.org.au

To allow time for all paperwork to be processed through our internal booking and filing systems before your child attends, the Ballarat YMCA upholds a 2 day processing policy. This commences from the time when all paper work is received. Bookings can be made upon enrolment, commencing in at least 2 days' time.

An updated information form must be filled out anytime there are changes after the initial enrolment in order to maintain eligibility for bookings. This form can be found on our website.

Our Venues

Before School Care

Bacchus Marsh Grammar
Urquhart Park Primary School
Lucas Community Hub & Kindergarten

Vacation Care

Alfredton Primary School
Bacchus Marsh Grammar
Ballarat Specialist School
Delacombe Primary School
Urquhart Park Primary School

After School Care

Alfredton Primary School
Bacchus Marsh Grammar
Ballarat Specialist School
Buninyong Primary School
Delacombe Doug Dean Reserve
Lucas Community Hub & Kindergarten
Our Lady Help of Christians Primary School
Urquhart Park Primary School

Account Holder Name: _____

Venue/s Required: _____

Office Use only	Date Received	Date Entered	Entered and Uploaded By

Ballarat YMCA

Head Office: 7 Lyons Street North, Ballarat

Email: ballarat@ymca.org.au

Fax: 03 5331 8275



There are two parts to this enrolment form.

Part A. General Information (one required *per family*)

Part B. Child Information (one required *per child*)

Please ensure that you complete all required information.

Please Note: A parent or guardian who has authority in relation to the child must complete this form. A brief explanation of authority is found at the beginning of the *Part A* component of this form.

Questions marked with an asterisk * are not compulsory, but you are encouraged to answer these to assist the service in caring for your child.

Part A. General Information

Parent/Guardian Information

A **parent** includes a **guardian** of the child and a person with parental responsibility for the child under a decision or court order. **Parental responsibility** is a term defined under section 61C of the Family Law Act 1975, which means "all the duties, power, responsibilities and authority which, by law, parents have in relation to children".

Parent/Guardian 1

Name: _____

Address: Street Number: _____

Street Name: _____

Suburb: _____ Postcode _____

Telephone/s (please ensure that these are numbers that we will be able to speak to you on in an emergency)

(H) _____

(W) _____

(M) _____

Email: _____

Sex: M F Date of Birth: ____/____/____

*Centrelink CRN: _____

Is this Parent/Guardian entitled to child care benefits? Yes No

Country of Birth: _____

Language spoken/Fluency: _____

Relationship to child: _____

Does the child live with this parent?

Yes No Sometimes

Authorised to collect (Authorised Nominee)

Yes No – Please attach relevant documentation

Call Order: (Please tick) 1 2 3 4

This person is authorised to discuss this account?

Yes No

***Parent/Guardian 2**

Name: _____

Address: Street Number: _____

Street Name: _____

Suburb: _____ Postcode _____

Telephone/s (please ensure that these are numbers that we will be able to speak to you on in an emergency)

(H) _____

(W) _____

(M) _____

Email: _____

Sex: M F Date of Birth: ____/____/____

*Centrelink CRN: _____

Is this Parent/Guardian entitled to child care benefits? Yes No

Country of Birth: _____

Language spoken/Fluency: _____

Relationship to child: _____

Does the child live with this parent?

Yes No Sometimes

Authorised to collect (Authorised Nominee)

Yes No – Please attach relevant documentation

Call Order: (Please tick) 1 2 3 4

This person is authorised to discuss this account?

Yes No

Other persons to collect child and be notified

Please identify anyone that may collect your child from the venue. There may also be times when your child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service will notify one of the people who are authorised, to collect and care for your child after accident, injury, trauma or illness.

Please note that we require a minimum of **two** people in addition to those identified in the parent/guardian information section of this form.

Name: _____

Address: Street Number: _____

Street Name: _____

Suburb: _____ Postcode _____

Telephone/s (please ensure that these are numbers that we will be able to speak to in an emergency)

(H) _____

(W) _____

(M) _____

Relationship to child: _____

Call Order: (Please tick) 1 2 3 4

- Authorised to collect (Authorised Nominee)
- Notify in the event of an emergency
- Authorised to consent to administer medication
- Authorised to consent to medical treatment
- If relevant* - Authorised to authorise an educator to take the child outside the service's premises (e.g. excursions)

Name: _____

Address: Street Number: _____

Street Name: _____

Suburb: _____ Postcode _____

Telephone/s (please ensure that these are numbers that we will be able to speak to in an emergency)

(H) _____

(W) _____

(M) _____

Relationship to child: _____

Call Order: (Please tick) 1 2 3 4

- Authorised to collect (Authorised Nominee)
- Notify in the event of an emergency
- Authorised to consent to administer medication
- Authorised to consent to medical treatment
- If relevant* - Authorised to authorise an educator to take the child outside the service's premises (e.g. excursions)

Child Care Subsidy (CCS) Information

All YMCA Ballarat Outside School Hours Care services are registered on the Childcare Subsidy System (CCSS). This means we communicate with Centrelink electronically to receive your CCS information for each venue your family attends.

- Please call the Family Assistance Office on 13 61 50 to ensure your children are registered for Child Care Subsidy
- As YMCA Ballarat is on CCSS, Please ensure you provide us with CRN number and Date of Birth of your child/ren and parent who receives CCS.

Priority of Access

The Australian Government has a Priority of Access Guidelines for allocating and prioritising placement in a child care centre. The Australian Government Priority Access Guidelines supports this process of allocating places. Further information on this policy can be found in our parent handbook.

These are the three levels of priority:

- Priority 1 - a child at risk of serious abuse or neglect
- Priority 2 - a child of single parent who satisfies or of parents who both satisfy the work/training/study test under section 14 of the A New Tax System (Family Assistance) Act 1999
- Priority 3 - any other child

Which Priority does your child fall under? (Please tick) 1 2 3

Declaration of information and consent to emergency medical treatment

I, _____ (Print full name)

a person with authority of my child/ren referred to in this enrolment record,

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any changes to this information;
- agree to collect or make arrangements for the collection of my child referred to in this enrolment form if s/he becomes unwell at the service;
- consent to the Lead Educator on the day to administer first aid at the service and/or to seek medical treatment for my child from a medical practitioner, hospital or ambulance service and/or authorise transportation of my child by an ambulance service. I acknowledge I am responsible for any necessary expenses incurred during a medical emergency in relation to this child.

Signature _____

Date ____/____/____

PERMISSION SLIP

(Please tick Yes or No to each of the following questions)

- I give permission for staff to support my child to apply sunscreen in accordance with policy. Yes No
- I give permission for staff to support my child to apply insect repellent. Yes No
- I give permission for my phone number to be on display at the centre, for communication purposes. Yes No
- I give permission for my child to be photographed or videotaped at the centre. Yes No
- I give permission for my child's photo, name and medical management plan (if required) to be displayed at the centre Yes No
- I give permission for my child's photo & first name to be included in other children's portfolios Yes No
- I give permission for my child's hair to be checked for nits and lice. Yes No
- I give permission for my child to view movies with G and PG ratings Yes No
- I give permission for my child's photo/video footage to be used by YMCA Children's Services in newsletters, promotional material or electronic media Yes No
- I give permission for my child's photo/video footage to be published in the media Yes No
- I understand that in an emergency situation or fire drill where an evacuation is necessary that my child may need to leave the Education and Care Service under the direction and supervision of educators Yes No

Signature _____

Date ____/____/____

YMCA BALLARAT OSHC TERMS & CONDITIONS

- I have read and agree to abide by the policies and practices outlined in the YMCA Outside School Hours Care Parent Handbook.
- I acknowledge that YMCA Ballarat does not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation in an Outside School Hours Care Program due to any cause whatsoever unless cause is proven negligent of YMCA Ballarat, its directors or employees.
- I understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the Education and Care Service under the direction and supervision of educators
- I agree to complete a Direct Debit Request Form to permit YMCA Ballarat to deduct Outside School Hours Care fees electronically from my bank account.
- I agree that all identified parent/guardians nominated on this form have the right to discuss and manage account details
- I understand that bookings for VACATION CARE programs will not be accepted without full payment and that YMCA Ballarat has a strict no refund policy for VACATION CARE programs as places are limited.
- I acknowledge that if Outside School Hours Care fees are not paid, YMCA Ballarat reserves the right to pass on any costs or legal expenses incurred by a debt recovery agency while in the process of recovering any outstanding fees.
- I agree to update YMCA Ballarat with personal details on an annual basis and whenever changes arise.
- I acknowledge that YMCA Programs and transport are subject to cancellation, alteration and rearrangement in the event of unsuitable weather conditions or other factors beyond the control of YMCA Ballarat.
- If I am enrolling a Prep child in an Outside School Hours Care program I agree to provide a copy of the school transition statement to assist with the enrolment and integration of my child.
- I agree that these terms and conditions apply regardless of which Outside School Hours Care venue my child/ren attends.

Signature _____

Date ____/____/____

Privacy Notification: The personal information requested on this application is collected by the YMCA Ballarat for the provision of enrolment placement for outside school hours care services (OSHC). This information will be used by YMCA Ballarat for that primary purpose and/or directly related purposes, e.g. invoicing of fees/ placement and transition of children to OSHC programs. All information will be treated confidentially. YMCA Ballarat may disclose information compiled to relevant Government and Council organizations for the purpose of enrolment and the coordination of Centrelink benefits and regulatory processes. Additional information gathered about children's special needs will be used to support the transition process for these children.

The Approved Provider of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education & Care Services Regulations (Regulation 181, 183)

Part B. Child Information

The following information is specific to each child. Please print and complete these for each child that you wish to enroll. Information for multiple children must not be compiled onto one form.

Child information

Family Name: _____ Given Names: _____

*Usually called: _____

Date of Birth: ____/____/____

Sex: M F

Languages spoken/Fluency: _____

*Religion: _____

School: _____ Grade: _____

Residential Address:

Street Number: _____ Street Name: _____

Suburb: _____ Postcode: _____

*Centrelink CRN: _____

Country of Birth: _____

Is your child of Aboriginal and/or Torres Strait Islander origin?

No, not Aboriginal or Torres Strait Islander

Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander

Yes, Torres Strait Islander

Court orders relating to the child

1. Are there any **court orders, parenting orders** [s64B(1) of the Family Law Act 1975 (Commonwealth)] or **parenting plans** [s63C(1) and (6) of the Family Law Act 1975 (Commonwealth)] relating to the powers, duties, responsibilities or authorities of any person in relation to your child or access to your child?

No Yes (Please provide a copy)

2. Are there any court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person?

No Yes (Please provide a copy)

Is your child connected with Department of Human Services/Child First/Child Protection? No Yes

Caseworker: _____ Phone _____

Child's health and wellbeing information

*Name Doctor: _____ Medical Service: _____

Phone Number: _____

Medical Service Address: Street Number: _____ Street Name: _____

Suburb: _____ Postcode: _____

*Child's Medicare Number: _____ *Ambulance Number: _____

*Insurance Fund/Number: _____

Does your child have a developmental delay or disability including intellectual, sensory or physical impairment?

Yes No

Does your child have any additional specific needs? (e.g. Autism, Aspergers, ADHD, Developmental Delays)

Yes No

If yes, does your child have a diagnosis?

Yes No

My child has been diagnosed with _____.

Please attach details of any special needs and any management procedure to be followed with respect to the special need. If No, please describe any specific needs your child has.

Does your child have any severe allergies or sensitivities or intolerances?

Yes No

If yes you must provide an allergy management plan signed by your medical practitioner, and work with staff to develop a medical conditions risk minimisation plan and a medical conditions communication plan once your child has a confirmed placement.

Plan attached

Has your child been diagnosed at risk of anaphylaxis?

Yes No

Does your child have an auto injection device (eg EpiPen®)?

Yes No

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. Once your child has a confirmed placement you will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner. This will be attached to your child's enrolment record. You will also be required to work with staff to develop a medical conditions risk minimisation plan and a medical conditions communication plan.

More information is available at www.education.vic.gov.au/anaphylaxis

Plan attached

Does your child have any specific healthcare needs or medical conditions? (e.g. asthma, epilepsy, diabetes etc that are relevant to the care of your child)

Yes No

If yes, you must provide a medical management plan, signed by your child's doctor, to the service once your child has a confirmed placement, and prior to attendance work with staff to develop a medical conditions risk minimisation plan and a medical conditions communication plan.

Plan attached

Child's immunisation record

Has your child been immunised?

Yes No

Please provide details of your child's immunisation status records:

- providing the Child History Statement from the Australian Childhood Immunisation Register OR
- providing a copy of conscientious objection documentation from an authorise provider

Office use only

I confirm I have sighted the child's health records.

Staff Name: _____ Date: _____

Personal Profile

To ensure a smooth transition into our programs and to assist staff in developing environments and programs that are targeted for your child/ren's needs, interests and abilities, we require the following profile to be completed for each child as part of registration.

Child's Name: _____

Family Cultural Background

Please tell us about the cultural background of you and your child, including any special considerations. E.g. cultural/religious, dietary or specific additional requirements. This may also include celebrations your family acknowledges, special days etc.

Does your child have any culturally specific dietary needs/restrictions? No Yes, If yes, please describe:

Interests & Abilities

What particular interests, hobbies and abilities does your child have/enjoy? List or describe.

Any other information to help your child's transition into our OSHC Programs

This may include;

- Your child's background (e.g. family members/dynamic, family traditions, childcare background)
- Excessive fears
- Participation in intervention services
- Your child's experiences at home and in the community
- Your views about your child entering our OSHC programs
- What you think might help your child settle into the programs

Family Involvement

Family participation is highly valued at our centres and our doors are always open. We would love to hear about anything that your family is interested in, the things that are important to your family and the things that you value. Please list any interests, work skills, occupations, hobbies, knowledge that you may be willing to share.

Current feelings surrounding OSHC

How does your child currently feel about entering our OSHC programs?
