

YMCA Ballarat Outside School Hours Care (OSHC) Enrolment form



****This form MUST BE filled out completely and all required documentation before enrolment can be completed**

Please tick the applicable boxes to ensure you have included all required documentation.

- Outside School Hours Care Enrolment Form (Part A and B)
- Direct Debit Form *(not required if already lodged)*
- Booking Form
- Asthma and Medical Management Plans (if applicable)
- Court Orders (if applicable)
- Medical diagnosis letters (if applicable)

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, YMCA Ballarat 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 any time there are **changes after the initial enrolment** in order to maintain eligibility for bookings. This form can be found on our website.

Our Venues

<u>Before School Care</u>	<u>After School Care</u>
Bacchus Marsh Grammar – Maddingley Campus Bacchus Marsh Grammar – Woodlea Campus Urquhart Park Primary School Lucas Community Hub & Kindergarten	Alfredton Primary School Bacchus Marsh Grammar – Maddingley Campus Bacchus Marsh Grammar – Woodlea Campus Delacombe, Doug Dean Reserve Lucas Community Hub & Kindergarten Our Lady Help of Christians Primary School Urquhart Park Primary School
<u>Vacation Care</u>	
Alfredton Primary School Bacchus Marsh Grammar Delacombe, Doug Dean Reserve Urquhart Park Primary School	

Account Holder Name: _____

Venue/s Required: _____

Office Use only	Date Received	Date Entered	Entered and Uploaded By

YMCA Ballarat
Head Office: 7 Lyons Street North, Ballarat
Email: ballarat@ymca.org.au
Fax: 03 5331 8275



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.

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

Full Name: _____

Date of Birth: ____/____/____

Relationship to child: _____

Residential Address:

Street Number: _____

Street Name: _____

Suburb: _____ **Postcode** _____

Call Order: (Please tick) 1 2 3 4

Contact Numbers: ***please ensure all numbers will reach you in the event of an emergency.*

Home _____

Work _____

Mobile _____

Email: _____

Parent Centrelink CRN: _____

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

Country of Birth: _____

Language spoken/Fluency: _____

This person is authorised to discuss this account?

- Yes No
- 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 to access YMCA transport system to travel from YMCA program by bus or walking (please circle) as a regular outing to their nominated school.
 - If relevant***- Authorised to authorise an educator to take the child outside the service's premises (e.g. excursions)

Parent/Guardian 2

Full Name: _____

Date of Birth: ____/____/____

Relationship to child: _____

Residential Address:

Street Number: _____

Street Name: _____

Suburb: _____ **Postcode** _____

Call Order: (Please tick) 1 2 3 4

Contact Numbers: ***please ensure all numbers will reach you in the event of an emergency.*

Home _____

Work _____

Mobile _____

Email: _____

Parent Centrelink CRN: _____

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

Country of Birth: _____

Language spoken/Fluency: _____

This person is authorised to discuss this account?

- Yes No
- 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 to access YMCA transport system to travel from YMCA program by bus or walking (please circle) as a regular outing to their nominated school.
 - If relevant***- Authorised to authorise an educator to take the child outside the service's premises (e.g. excursions)

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.**

Full Name: _____

Residential Address:

Street Number: _____

Street Name: _____

Suburb: _____ **Postcode** _____

Contact Numbers: ****please ensure all numbers will reach you in the event of an emergency.**

Home _____

Work _____

Mobile _____

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)

Full Name: _____

Residential Address:

Street Number: _____

Street Name: _____

Suburb: _____ **Postcode** _____

Contact Numbers: ****please ensure all numbers will reach you in the event of an emergency.**

Home _____

Work _____

Mobile _____

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 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

Signature _____ Date ____/____/____

YMCA BALLARAT OSHC TERMS & CONDITIONS

- I have read and agree to abide by the policies and practices outlined in the YMCA Family Handbook for my service
- 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 a 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 Childcare 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 my childcare 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.
- I acknowledge that all parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The Education and Care Services National Law refer to these powers and responsibilities as "Parental Responsibility". It is not affected by the relationship between parents, such as whether or not they have lived together or are married. The Term "parent", in relation to a child, includes— (a) a guardian of the child; and (b) a person who has parental responsibility for the child under a decision or order of a court. A court order such as under the Family Law Act may take away the authority of a parent to do something or may give it to another person. Confidentiality of enrolment forms The proprietor 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 and care services regulations.

Signature _____ Date ____/____/____

Privacy Notification: The YMCA acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purpose of processing your enrolment in a YMCA children's service, providing you with updated information and assisting us to improve our services to you. The personal information collected is of the parents and the child enrolled in the program. By completing this form, the YMCA accepts that the parents of the child have consented for this information to be collected. The intended recipients of this information are the YMCA, its authorised staff and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (amended 2001) and YMCA privacy policy. As part of your enrolment with the YMCA, you may receive information from time to time regarding our programs and services. The YMCA may also provide promotional material to you from our strategic partners, or any other third party. If you do not wish to receive this information please write to the YMCA ask to OPT OUT of all correspondence. Your name will be removed from the mailing list within a reasonable period of time. 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

Please print and complete one child information form per child you wish to enroll. The information required is specific to each individual child. **(Multiple children MUST NOT be compiled into one form)**

Family Name: _____ Given Names: _____

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

Country of Birth: _____

Languages spoken/Fluency: _____

School: _____ Grade: _____

Residential Address:

Street Number: _____ Street Name: _____

Suburb: _____ Postcode: _____

****Child's Centrelink Customer Reference Number (CRN) :** _____

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

Does your child have any culturally or religious needs/restrictions? No Yes, if yes, please describe:

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: _____ Office Location: _____ Phone _____

****If yes, contact details MUST be supplied and any changes during child's enrolment into YMCA programs MUST be notified and confirmed via email directly to the service.***

Child's Health & Wellbeing Information

Name Doctor: _____

Medical Service: _____

Phone Number: _____

Medical Service Address:

Street Number: _____

Street Name: _____

Suburb: _____

Postcode: _____

Child's Medicare Number: _____

****Please tick for consent you provide**

- Notify in the event of an emergency
- Authorised to consent to administer medication
- Authorised to consent to medical treatment

Does your child have any medical management plan, anaphylaxis medical management plan or risk minimisation plan with respect to the child's healthcare need, medical condition or allergy?

No Yes

If yes, does your child have a diagnosis?

My child has been diagnosed with _____.

Does your child have a diagnosed disability?

No Yes

If yes, does your child have a diagnosis?

My child has been diagnosed with _____.

***A copy of the letter of diagnosis from the medical practitioner will need to be provided at the orientation visit scheduled at the venue**

Does your child have any dietary restrictions

No Yes, describe

***If you have said yes to either above questions please attach your medical action plan or evidence**

Child's Immunisation record

Has your child been immunised?

No Yes

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

- The current Child Immunisation History Statement from the Australian Childhood Immunisation Register (AIR) the statement must show that the child is up to date with all vaccinations that are due for their age, or that they are able to receive
- The current Immunisation History Statement from the AIR which states that the child has a vaccine exemption due to a medical contraindication or natural immunity to one or more vaccines. In addition, a completed medical exemption form completed by a registered GP MUST be provided.

Office use only	I confirm I have sighted the child's health records. Staff Name: _____ Date: _____
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Transitioning into the service

Orientation Visit

To ensure both child and family feel settled and supported within our YMCA venue we insist an orientation visit is completed prior to the child's first paid day of attendance. This is where the child's enrolment form will be reviewed by the venue coordinator to ensure all required asthma and medical management plans, court orders and medical diagnosis letters have been provided. This visit also provides families another opportunity to ask any additional questions after having the time to read the YMCA OSHC Family handbook.

****Please record the day and time of the planned orientation visit, this will need to be prior to the session commencing.**

Date & Day: _____

Time: ___2:30pm-3pm___

Date Visit completed: _____

Coordinator Signature: _____

Interests & Abilities

To assist educators in planning and programming initially for your child we require as much information as possible regarding your child's and their family's special skills or talents, interests and hobbies.

Has your child attended one of our YMCA programs before? If so, when was that and what venue?
If not, how are they feeling about joining the program?
