

Completing this Enrolment Form

The YMCA is committed to providing quality care for your child. Please complete an Enrolment Form for each child enrolling into Service. The information provided on the Enrolment Form is necessary for the health and safety of your child whilst in our care. We encourage families to provide as much information as possible so as the YMCA can best cater for the individual needs of your child. All sections of the enrolment are required to be complete in order to formalise your child's enrolment. If you have difficulties or questions about how to complete this Enrolment Form please speak with the Co-ordinator for assistance.

The Enrolment Form must be completed by a parent or guardian who has lawful authority in relation to the child. A brief explanation of lawful authority is contained at the end of this form. As a licensed children service, the Service must collect your child's enrolment information in the form as required by the Children Services act 1996 32B, and as outlined in the Children's Services Regulations 2009 regulations 28, 29, 31, 33, 34 and 36.

Questions marked with an asterisk (*) are not required by such legislation, but you are encouraged to answer them to assist the service in caring for your child.

Please return this form to the Co-ordinator and bring:

- Birth certificate
- Child health record
- Immunisation record or Immunisation Exemption Certificate
- Custody orders
- Health care card (where applicable)
- Medical Management plan (where applicable)

This form is available in languages other than English if required.

Privacy

The YMCA acknowledges and respects the privacy of individuals. Personal information collected on your child's enrolment form and during that enrolment, including health and sensitive information, is collected, retained and used for the purpose of establishing and maintaining your child's enrolment, care, education and medical treatment of your child processing financial payments (via financial institutions) and benefits where applicable.

By completing this enrolment form, you agree that, to the extent reasonably necessary to enable provision of your child's enrolment and in conducting the service, the YMCA of Victoria Inc, its related entities, their staff and agents and their contracted service providers such as service specialists, financial institutions, emergency service providers, Federal, State and Local Government Agencies, (Centre Owners), may be recipients of such information. If you do not wish for your personal information to be used for these purposes, the YMCA may not be able to process your child's enrolment application. You have the right to access such information and alter personal information about you and your child retained by the YMCA in accordance with the Privacy Act 1988 (Cwth). The full YMCA Privacy Policy may be obtained at request at the OSHC service or viewed online at www.victoria.ymca.org.au. You will receive communications from the YMCA from time to time to update you on matters relating to your child's enrolment. The YMCA uses a variety of means of communication including mail, email, sms and telephone. By providing contact details relating to any of these forms of communication, you consent to receiving communication by those means.

The YMCA is Victorian YMCA Community Programming Pty Ltd ACN 092 818 445

About your child

Customer Reference Number (CRN)

Family Name First Name

DOB / / What would you like us to call your child?

Residential Address

Telephone (h) *Sex Female Male

*Is your child of Aboriginal, Torres Strait Island or Australian South Sea Island Origin? Yes No

*Original birth certificate Copy attached Yes Initial

*Country of Birth Languages Spoken at Home

Parent / Guardian 1 (Person completing this form)

Customer Reference Number (CRN)

Family Name First Name

*DOB / /

Postal Address

Telephone (w) (h) (m)

Email *Occupation

*Country of Birth *Languages spoken at home

Does the child live with this person? Yes No Relationship to child

Parent / Guardian 2

Customer Reference Number (CRN)

Family Name First Name

*DOB / /

Postal Address

Telephone (w) (h) (m)

Email *Occupation

*Country of Birth *Languages spoken at home

Does the child live with this person? Yes No Relationship to child

*Child's Siblings

Name

DOB

 / /

Sex

Female

Male

Name

DOB

 / /

Sex

Female

Male

Name

DOB

 / /

Sex

Female

Male

Custody of Child

Have any orders been made by any court regarding your child?

Yes

No

If **yes**, please attach a copy of the order and provide any details of guardianship, custody and terms of any specific custody or access provision. Please discuss your family situation with the Co-ordinator.

Which days does the child live with the mother?

From day:

time:

To day:

time:

Which days does the child live with the father?

From day:

time:

To day:

time:

Permission to seek Medical Advice for my child/ren enrolled at the service

Maternal and Child Health (MCH) Centre

Medical Practitioner's Name

Medical Practitioner's Address

Medical Practitioner's Telephone

Ambulance Subscription Number

Medicare Number

Child Ref

Authority to Collect / Emergency Contacts: (Do not include parent/s name/s)

I authorise the following persons to collect my child from the service and to make medical decisions in the absence of the parent / guardian.

There may be times when the 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 attempt to notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

At least two contacts must be provided in this section. Any person who is unknown to staff will need to produce photo ID before collecting your child. All persons authorised to collect a child from the service must be a minimum of 18 years old.

1.

Family Name

First Name

Relationship to child

Address

Telephone (w)

(h)

(m)

2. Surname _____ First Name _____

Relationship to child _____

Address _____

Telephone (w) _____ (h) _____ (m) _____

3. Surname _____ First Name _____

Relationship to child _____

Address _____

Telephone (w) _____ (h) _____ (m) _____

4. Surname _____ First Name _____

Relationship to child _____

Address _____

Telephone (w) _____ (h) _____ (m) _____

Getting to know your child

Select one of the following

I know of no medical or other condition, circumstance or risk which my child has that may impact on or adversely affect my child's involvement in any activity, program or service in which my child may participate.

Or

My child has the following condition/additional needs/disability which may impact on their participation in any activity, program or service. _____

Has your child received all the recommended immunisations according to the NHMR (National Health & Medical Record Council)? Please provide a copy to Coordinator and show the original. Yes No

Original sighted by _____ Exempt

If **No** or **Exempt**, please provide details _____

Medical Exemption Certificate as provided by your Doctor Yes No

Has your Child's Health Record been provided for staff to sight? Yes No

Early Childhood Educator signature _____

Does your child require regular medication? _____ Yes No

If **Yes**, you will be required to complete a Medication Form on days when your child attends the service.

Does your child have known allergies or sensitivity? _____ Yes No

If **Yes**, please provide a current Allergy Action Plan signed by their Medical Practitioner with colour photograph

Has your child been diagnosed as at risk of Anaphylaxis? Yes No

If **Yes**, please provide a copy of their Anaphylaxis Management Plan signed by their Doctor.
(Please note: An EpiPen must be handed to staff on sign in)

Does your child have an auto injection device (e.g. an EpiPen)? Yes No

Has a risk assessment plan been completed by the service in consultation with you? Yes No

Please refer to the Family Handbook for details on anaphylaxis management.

Has your child been diagnosed with Asthma? Yes No

If **Yes**, please provide a copy of their Asthma Management Plan signed by their Doctor.

Does your child have specific dietary requirements? Yes No

If **Yes**, please provide details

Does your child have any additional needs? Yes No

If **Yes**, please provide details / attach separate sheet.

Is there any other information regarding your child's health or background that the staff should be aware of? (Please attach a separate sheet if necessary) Yes No

***Babies**

Is your child breast fed? Yes No

Details

All other bottle feeding requirements.

Details

Formula Cow's milk Soy milk

Does your child eat solid foods? Yes No

Details

My child can: **Sit alone** Yes No **Crawl** Yes No **Walk** Yes No

***General**

***Food and drink**

My child enjoys eating

My child does not eat

***Play Preferences**

Please list your child's favourite song's stories toys or activities:

***Toileting**

Is your child in nappies? Yes No Is your child currently toileting? Yes No

Are there any special words that you use with your child for toileting?

Declarations and consent to emergency medical treatment

I

(print Parent/Guardian name)

A person with lawful authority of the child referred to in this Enrolment Form, declare that the information I have provided in this enrolment form is true and correct and understand that it is my responsibility to immediately inform the Service of any changes or updates to this information.

Medical and Health

Understand that it is my responsibility to promptly advise the Service of any changes to the medical issues or change to the legal authority with respect to my child.

- Understand that in the case of a medical emergency an ambulance will be called in the first instance.
- In the event of a medical emergency, I consent for an ambulance to be called to take my child to hospital.
- I understand that all medical and transport costs are payable by me and are my responsibility. I give my consent for my child's medical files to be released to the ambulance service and the admitting hospital.
- The parent or guardian will be contacted by the YMCA Manager as soon as possible to inform them of their child's status. In the event the parents or guardian cannot be contacted a voice message will be left where possible and the emergency contacts as detailed on the Enrolment Form will be contacted, The YMCA Manager will oversee all aspects of the emergency and continue to attempt to contact the parents or guardian by telephone.
- Agree to inform the staff of all medical needs and requirements of my child. This includes information of any medical condition, any medication required to be administered and any medication or other substances which should not be provided or administered to my child.
- Understand that the Service may telephone me and ask me to pick up my child earlier than the designated time due to illness or as the result of an accident at the Service that may require further medical attention by the child's medical practitioner.
- Agree to collect or make arrangements for the collection of the child referred to in this Enrolment Form if s/he becomes unwell at the Service.
- Understand that a doctor's certificate may be required to allow my child to return to the Service.
- Agree to inform the program if my child contracts any illness which could be detrimental to health of others at the program.
- Agree that the ongoing management of my child's medical condition, if any, remains my sole responsibility and is not and does not under any circumstances become the responsibility of the YMCA Staff.

Program

- Authorise staff to reapply sunscreen to my child while attending the Service. Yes No
- Give permission for my child to be photographed for the purpose of curriculum planning – observations and portfolios. Yes No
- Give permission for my child to be photographed or filmed for the purpose of publicity and/or promotions for the YMCA. Yes No
- Am willing for my child to participate in all experiences offered. I agree that it is my responsibility to familiarise myself with the program and to advise the Service in writing if I do not wish for my child to participate in particular activities.
- Accept full responsibility for my child's belongings whilst taking part in the program.
- Acknowledge that due to Children's Services Regulations there may be times when my child's full name will be displayed at the service, in records which include but is not limited to: the Sign In and Sign Out book, incident report book and action plans. If I have concerns about this issue, I will advise the Service in writing.

Have read and understood the YMCA Family Handbook and understand all the policies and procedures including all aspects of the fee policy and agree to adhere to these policies and procedures and payment terms. I understand that I can contact the Co-ordinator if I have any questions relating to any aspect of the operations.

Parent/Guardian 1 signature

Parent/Guardian 1 name

Date / /

Parent/Guardian 2 signature

Parent/Guardian 2 name

Date / /

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children's Services Regulations 2009 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. 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.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the *Children's Services Act 1996* also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

This section is for office use only

	Sighted?	Dated	Signed		Sighted?	Dated	Signed
Birth Certificate				CRN details of parent received			
Copy of immunisation				CRN details of child received			
Copy of Custody Order				Child's Health Record			
CCB details received				Medical Management Plan			
Full fee paying parent – form completed				Direct Debit Forms received			