

EARLY LEARNING CHILD CARE

You'll love how they grow

Sunshine Coast University Hospital Early Education Centre Enrolment Form

the

How did you hear about us?

☐ Internet ☐ Yellow Pages ☐ Word of Mouth ☐ School ☐ Previous Client ☐ Other _____

ACCOUNT INFORMATION

Account Holder Name:

Account Holder CRN: _ _ _ _ _

Email Address for Statements:

PARENT/GUARDIAN 1 (ACCOUNT CRN HOLDER) INFORMATION – PLEASE PROVIDE COPIES OF ID

Guardians are authorised to give permission for an Educator to take a child outside the care service premises as per YMCA policy.

Please ensure that Account Holder CRN (above) and Date of Birth (below) is correct to ensure prompt and accurate matching with Centrelink

Name: DOB: ☐ M ☐ F

Address (H): Postcode:

Primary Language: Cultural Background: Relationship To Child/ren:

Mobile: Phone (H): Email:

Phone (W): Occupation: Employer:

Address (W): Postcode:

Office use: Photo ID Sighted ☐ Copy Received ☐

PARENT/GUARDIAN 2 INFORMATION – PLEASE PROVIDE COPIES OF ID

Authority to collect child

Guardians are authorised to give permission for an Educator to take a child outside the care service premises as per YMCA policy

☐ Y ☐ N

Name: DOB: ☐ M ☐ F

Address (H): Postcode:

Primary Language: Cultural Background: Relationship To Child/ren:

Mobile: Phone (H): Email:

Phone (W): Occupation: Employer:

Address (W): Postcode:

Office use: Photo ID Sighted ☐ Copy Received ☐

MEDICAL INFORMATION

Family Doctor Name: Phone:

Surgery Name:

Address:

SAFEGUARDING CHILDREN & YOUNG PEOPLE - The YMCA is committed to Safeguarding children and young people and has a range of policies and procedures to keep children and young people safe. Details of these policies are available at: www.ymcabrisbane.org along with information on YMCA's obligation to report child safety concerns, and how you can report child safety concerns.

Office Use Only

Date received: Date Registration Fee paid:

Date entered into QK: Enrolment data entered into QK by:

Foster/Kinship Care: Was CSO Contacted? ☐ Yes ☐ No Foster/Kinship Care: Were there any risks Identified we need to manage? Yes ☐ No ☐

If Yes has RMP been Developed? Yes ☐ No ☐ If not, why not:

AUTHORISED NOMINEES/EMERGENCY CONTACTS – Please provide copies of ID

Authorised Nominees/Emergency contacts are people over the age of 18. Emergency contacts are unable to authorise an educator to take a child outside the care service premises without written permission from the parent/guardian.

By listing contacts below, you are providing authorisation for YMCA staff to contact contacts in the event of an Emergency.

Please place in specific call order, you must supply a minimum of 1;

AUTHORISED NOMINEE/EMERGENCY CONTACT 3Photo ID ☐ Sighted ☐ Copy Received

Name:	This person is authorised to provide the following authorisations for my child/ren: <i>(please tick appropriate boxes)</i> <input type="checkbox"/> Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk <input type="checkbox"/> Medical treatment/Medical administration
Relationship:	
Address:	
Phone:	
Work Phone:	
Mobile:	

AUTHORISED NOMINEE/EMERGENCY CONTACT 4Photo ID ☐ Sighted ☐ Copy Received

Name:	This person is authorised to provide the following authorisations for my child/ren: <i>(please tick appropriate boxes)</i> <input type="checkbox"/> Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk <input type="checkbox"/> Medical treatment/Medical administration
Relationship:	
Address:	
Phone:	
Work Phone:	
Mobile:	

AUTHORISED NOMINEE/EMERGENCY CONTACT 5Photo ID ☐ Sighted ☐ Copy Received

Name:	This person is authorised to provide the following authorisations for my child/ren: <i>(please tick appropriate boxes)</i> <input type="checkbox"/> Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk <input type="checkbox"/> Medical treatment/Medical administration
Relationship:	
Address:	
Phone:	
Work Phone:	
Mobile:	

AUTHORISED NOMINEE/EMERGENCY CONTACT 6Photo ID ☐ Sighted ☐ Copy Received

Name:	This person is authorised to provide the following authorisations for my child/ren: <i>(please tick appropriate boxes)</i> <input type="checkbox"/> Drop off or Collect child/ren to/from the service and authorised to use QikKids Kiosk <input type="checkbox"/> Medical treatment/Medical administration
Relationship:	
Address:	
Phone:	
Work Phone:	
Mobile:	

If any of the above Authorised Persons have not collected my child at the service closing time, I give permission for the Responsible Person in Charge to make necessary provisions to secure the care of my child. I also agree to pay a late pick up fee if I collect my child past licensed closing time of the service:

Signature: _____

Date: _____

CHILD 1 DETAILS		<i>Please ensure that child CRN and Date of Birth is correct to ensure prompt and accurate matching with Centrelink</i>		Health Record <input type="checkbox"/> Sighted <input type="checkbox"/> Copy Received <input type="checkbox"/>	
Name:			Preferred Name:		
Child CRN: _ _ _ _ _			DOB:		<input type="checkbox"/> M <input type="checkbox"/> F
Cultural Background:			Language Spoken at home:		
Child's Address:			Postcode:		
Est Start School Date:					
Child's Medicare Number:			Reference Number:		Expiry Date:
Initial Booking Pattern:		<input type="checkbox"/> Casual	<input type="checkbox"/> Permanent	Care Start Date:	
<div><div>Booking Type:</div><div><input type="checkbox"/> Complying Written Arrangement - Registered with Centrelink, wanting to claim CCS now. Care Agreement needs to be confirmed by parent in My Gov account. FULL FEES WILL APPLY UNTIL CCS IS GRANTED BY CENTRELINK AND PARENT CONFIRMS BOOKING THROUGH MY GOV ACCOUNT.</div><div><input type="checkbox"/> Relevant Arrangement - Does not wish to claim CCS now or at a later date. No confirmation needed in My Gov. FULL FEES WILL APPLY FOR ENTIRE PERIOD OF ENROLMENT</div><div><input type="checkbox"/> Arrangement with Organisation - Fees being paid by third party (i.e. Austim Qld, Charity group, Employer) FULL FEES WILL APPLY</div></div>					
Required Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Full Time					
Is child of Aboriginal (A) or Torres Strait Islander (T) Origin?				<input type="checkbox"/> No <input type="checkbox"/> Yes (A) <input type="checkbox"/> Yes (T)	
Disabilities, allergies, anaphylaxis or medical conditions and details:				Management Plan supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please see Centre Director</small>	
Details of Parental Custody/Court Orders:			Documentation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there anyone legally denied access to child/ren? Name: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the child/children in foster/kinship care?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a Risk Management Plan for the child/ren?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please be advised we will contact the Child Safety Officer to confirm if there are any matters we need to be aware of that may impact the care arrangement, and if necessary we will work with you and Child Safety to develop a Risk Management Plan.					
Please provide contact details of the Child Safety Officer:					
Has child received the relevant immunisations for their age?*					
<small>*If YES please provide copy of child's Health Record to Centre Director</small> <input type="checkbox"/> No <input type="checkbox"/> Yes					
Does child have any additional needs?*					
<small>*If YES please see Centre Director</small> <input type="checkbox"/> No <input type="checkbox"/> Yes					
Does child require staff to administer medication?*					
<small>*If YES please see Centre Director</small> <input type="checkbox"/> No <input type="checkbox"/> Yes					
Has child had a history of ill health or been hospitalised?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
Does your child/ren have any fears?					
<small>*If YES please provide details:</small> <input type="checkbox"/> No <input type="checkbox"/> Yes					
Are there any cultural issues that you would like the service staff to be aware of?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
Are there any behavioural issues that you would like the service staff to be made aware of?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
Are there any particular food or drink preferences for your child/ren?*					
<small>*If YES please see Centre Director</small> <input type="checkbox"/> No <input type="checkbox"/> Yes					
Does your family participate in any particular religious or cultural practises that are significant for your child?					
<small>*If YES please provide details:</small> <input type="checkbox"/> No <input type="checkbox"/> Yes					

CHILD 2 DETAILS		Please ensure that child CRN and Date of Birth is correct to ensure prompt and accurate matching with Centrelink		Health Record <input type="checkbox"/> Sighted <input type="checkbox"/> Copy Received	
Name:		Preferred Name:			
Child CRN: _ _ _ _ _		DOB:		<input type="checkbox"/> M <input type="checkbox"/> F	
Cultural Background:		Language Spoken at home:			
Child's Address:		Postcode:			
Est Start School Date:					
Child's Medicare Number:		Reference Number:		Expiry Date:	
Initial Booking Pattern:		<input type="checkbox"/> Casual <input type="checkbox"/> Permanent		Care Start Date:	
<div><div>Booking Type:</div><div><input type="checkbox"/> Complying Written Arrangement - Registered with Centrelink, wanting to claim CCS now. Care Agreement needs to be confirmed by parent in My Gov account. FULL FEES WILL APPLY UNTIL CCS IS GRANTED BY CENTRELINK AND PARENT CONFIRMS BOOKING THROUGH MY GOV ACCOUNT.</div><div><input type="checkbox"/> Relevant Arrangement - Does not wish to claim CCS now or at a later date. No confirmation needed in My Gov. FULL FEES WILL APPLY FOR ENTIRE PERIOD OF ENROLMENT</div><div><input type="checkbox"/> Arrangement with Organisation - Fees being paid by third party (i.e. Austim Qld, Charity group, Employer) FULL FEES WILL APPLY</div></div>					
Required Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Full Time					
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Disabilities, allergies, anaphylaxis or medical conditions and details:				Management Plan supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please see Centre Director</small>	
Details of Parental Custody/Court Orders:		Documentation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there anyone legally denied access to child/ren? Name:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the child/children in foster/kinship care?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Do you have a Risk Management Plan for the child/ren?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please be advised we will contact the Child Safety Officer to confirm if there are any matters we need to be aware of that may impact the care arrangement, and if necessary we will work with you and Child Safety to develop a Risk Management Plan.					
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<small>*If YES please see Centre Director</small>					
Has child had a history of ill health or been hospitalised?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child/ren have any fears?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please provide details:</small>					
Are there any cultural issues that you would like the service staff to be aware of?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are there any behavioural issues that you would like the service staff to be made aware of?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are there any particular food or drink preferences for your child/ren?*				<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please see Centre Director</small>					
Does your family participate in any particular religious or cultural practises that are significant for your child?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
<small>*If YES please provide details:</small>					

ENROLMENT AGREEMENT

- I/We agree that fees must remain paid as per the YMCA Fee Policy. I/We agree that it is my/our responsibility to ensure all Centrelink requirements are fulfilled and that I/We must provide relevant Date of Birth and CRN's to link with Centrelink. I/We agree that failing to provide relevant information or fail to communicate with Centrelink regarding my/our circumstances I/we will be required to pay full fees. I/We understand that fee's may change during the time of my enrolment and I will be notified of these by YMCA Educators.
- I/We agree to pay any relevant additional charges including, but not limited to, Late Fees, Cessation of Care and Incursion and Excursion fees.

Parent/Guardian Name:**Signature:****Date:****Parent/Guardian Name:****Signature:****Date:**

- I/We agree to notify the Centre Director of any change to information provided on the enrolment form. ☐ No ☐ Yes
- I/We acknowledge that it is my/our responsibility to read the Parent Handbook which is on the website www.ymcachildcare.com.au and agree to abide by the rules, policies and procedures of the service. ☐ No ☐ Yes
- I/We have read the Access for Families Policy and understand that if necessary I/we may lose my/our bookings. ☐ No ☐ Yes
- I/We understand that it is necessary to personally sign child/ren 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/ren, I/we agree to notify the Centre Director in advance and in writing to this effect. ☐ No ☐ Yes
- I/We understand that management and/or staff can only enforce Family Court Orders or Domestic Violence Orders by law to the extent that there is no risk or harm to children and/or staff at the service. ☐ No ☐ Yes
- I/We understand that, in the case of a Foster Care arrangement, management can contact the Case Worker to obtain strategies to work with the child/ren. ☐ No ☐ Yes
- I/We agree to keep my/our child/ren 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 Centre Director will enforce the NHMRC "Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases". ☐ No ☐ Yes
- I/We understand that if I/we do not provide a copy of my/our child/ren's Health Record, my/our child/ren will be treated as "Not-Up-To-Date" or not immunised in the event of an outbreak of a vaccine preventable disease. ☐ No ☐ Yes
- I/We authorize all YMCA Educators 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/ren. ☐ No ☐ Yes
- I/We give permission for Educators and students to observe my/our child/ren to assist in developing activity programs. ☐ No ☐ Yes
- I/We give permission for staff to apply sunscreen to my/our child/ren prior to outdoor play. ☐ No ☐ Yes
- I/We give permission for my/our child/ren's name and/or photograph to be used for promotional purposes and service displays. ☐ No ☐ Yes
- I/We understand that the service uses a third party app to take photos as part of capturing programming and activities. ☐ No ☐ Yes
- I/We give permission for YMCA to use the email address provided to contact me/us regarding account issues and keep me/us updated with service newsletters and information. No Yes
- I/We understand that copies of all of the parents, guardians and emergency contacts ID need to be attached to this enrolment form in order to allow YMCA staff to relinquish care of my child/ren to any of the named contacts on this form ☐ No ☐ Yes

Parent/Guardian Name:**Signature:****Date:****Parent/Guardian Name:****Signature:****Date:**