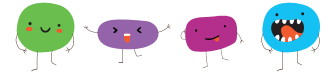




YMCA SOUTH AUSTRALIA CHILDREN'S SERVICES

# ENROLMENT FORM





## Who is Attending

**Child A** Full Name:

Preferred Name:

Aboriginal or Torres Strait Island Background?:  Yes  No

Date of Birth:

Age:

Sex:

Name of School:

Child's CRN Number:

**Child B** Full Name:

Preferred Name:

Aboriginal or Torres Strait Island Background?:  Yes  No

Date of Birth:

Age:

Sex:

Name of School:

Child's CRN Number:

**Child C** Full Name:

Preferred Name:

Aboriginal or Torres Strait Island Background?:  Yes  No

Date of Birth:

Age:

Sex:

Name of School:

Child's CRN Number:

**Child D** Full Name:

Preferred Name:

Aboriginal or Torres Strait Island Background?:  Yes  No

Date of Birth:

Age:

Sex:

Name of School:

Child's CRN Number:

## Family Details

*Your Contact Details: Please ensure that names provided are consistent with those registered with the Family Assistance Office.*

Primary Parent/Guardian Name:

Relationship:

Date of Birth:

Centrelink CRN Number:

Contact Details: Phone (mobile):

(home):

(work):

Email:

Email statements: Y/N

Postal Address:

Post Code:

Are you a single supporting parent?:  Yes  No

Aboriginal or Torres Strait Island Background?:  Yes  No

Is English your first language?:  Yes  No

If no, language spoken at home:

Secondary Parent/Guardian Name:

Relationship:

Date of Birth:

Centrelink CRN Number:

Contact Details: Phone (mobile):

(home):

(work):

Aboriginal or Torres Strait Island Background?:  Yes  No

Is English your first language?:  Yes  No

If no, language spoken at home:

## Medical Details

Medicare Number:

Valid until:

Reference number on card:

Child A: #

Child B: #

Child C: #

Child D: #

Doctor / Medical Centre name:

Phone:

Address:

Postcode:

## Medical Information

### Are the children you are enrolling immunised?

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

### Do any of the children have a diagnosed Medical Condition?

(E.g. Asthma, fits/seizures, diabetes etc.)

Please include diagnosed conditions as well as any conditions your children may be undergoing testing/diagnosis for. You will also need to provide any relevant information, action plans, and medication details that will enable us to adequately care for your children's individual needs. Regular medication will require a separate form available upon request.

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

Please provide details:

### Do any of the children have a diagnosed disability?

(E.g. Autism Spectrum Disorder, vision or hearing impairment etc.)

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

Please provide details:

### Have any of the children been diagnosed with Allergies or Anaphylaxis?

(Please include the level of allergy, whether it be mild, moderate etc.)

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

Please provide details:

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**Do any of the children have Behavioural Conditions?**

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

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Please provide details:

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## Child Profile

**Do any of the children have any Phobias or Fears?**

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

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Please provide details:

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**In order for us to gain a greater understanding of your child please provide us some information about each child – their interests, hobbies, likes etc. (E.g. sports, art, cooking, games, books)**

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Child A:

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Child B:

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Child C:

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Child D:

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**Is there anything that the children you are enrolling cannot eat or participate in due to lifestyle or religious choices?**

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

Please provide details:

## Authorisations

The YMCA South Australia require emergency contacts in the event that the family guardians can't be reached. Authorisations can be added or removed at any time with written permission.

### Emergency Contacts

1. Full Name:

Relationship:

Phone (home):

(mobile):

Collection

Excursion

Medical

2. Full Name:

Relationship:

Phone (home):

(mobile):

Collection

Excursion

Medical

3. Full Name:

Relationship:

Phone (home):

(mobile):

Collection

Excursion

Medical

4. Full Name:

Relationship:

Phone (home):

(mobile):

Collection

Excursion

Medical

**Collection:** This gives the person permission to pick up children. They must over 18 years old and be available to pick up your child during the hours of care and be within a reasonable distance from the service.

**Please note we require at least two emergency pick up contacts.**

**Excursion:** This gives the person authority to permit an educator or allow another adult to take your child outside the education and care premises.

**Medical:** This gives the person authority to consent to medical treatment for your children from a medical practitioner, hospital and/or ambulance service.

## Court Orders

### Are any of the children you are enrolling involved in a court order?

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

If so, please supply a copy /details for our records:

Attached  Not Attached

## Permissions

### I give the following consents for my children:

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#### First Aid

In case of medical emergency, I give permission to the OSHC staff to provide first aid to my child / children in the event of accident or illness.

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

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#### Family Handbook

I have received and read a copy of the Family Handbook and agree to be bound by the information and policies outlined by YMCA South Australia therein. Digital copies are available on our website.

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

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#### Behaviour Guidance Policy

I have read the Behaviour Guidance Policy (see Family Handbook) and agree to abide by the guidelines. I have discussed the guidelines with the children and take responsibility for them abiding by these guidelines. I understand there are consequences for not following Behaviour Guidance Policy and that the positive strategies outlined will be implemented if my children are unable to abide by the guidelines.

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

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#### Privacy Acknowledgement

I acknowledge the information provided herein by me is to be used by YMCA South Australia for the sole purpose of providing OSHC for my children and the information will only be released when legally required to do so. I understand that full disclosure of any additional needs for my children is mandatory.

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

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#### Photography

To being photographed for the purposes of documentation and display within the service. Any photographs used publically will be permissioned on a case by case situation with a photograph release form.

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

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#### Movies

I allow my children to watch movies deemed appropriate by staff which have a rating of either 'G' or 'PG'.

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

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#### Headlice

I consent to an educator conducting a discrete head inspection of my child if numerous cases of head lice are detected or suspected in the centre and my child is in close contact with others with head lice (as per SA Health Head lice, management guidelines for schools).

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

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#### Hairspray

I allow my children to have their hair decorated with coloured hairspray during programmed activities.

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

### Face Painting

I allow my children to have their face painted during programmed activities.

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

### Travel Consent

To travel by walking, where necessary to and from the school attended by my children and planned excursions during term. I understand that due care will be taken at all times by YMCA South Australia employees and that the employee can not be held responsible for any damage or injury occurring during the travel.

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

### Excursions

I give permission for my children to attend excursions. Some excursions may be compulsory. Please see our program of activities for details of excursions.

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

### General Sports

To participate where they choose in recreational activities during Outside School Hours Care.

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

### Ezidebit

I have completed the Ezidebit form with all the relevant details.

Child A:  Yes  No

Child B:  Yes  No

Child C:  Yes  No

Child D:  Yes  No

## Disclaimer

- I hereby give permission for my children to attend YMCA South Australia OSHC and agree to abide by YMCA South Australia's policies and guidelines.
- I hereby state that the above information supplied is correct and all information that may affect my children's care at YMCA South Australia has been included. I understand that enrolment in the service is conditional on the accuracy of the information supplied by me and that my children's participation may be terminated with no refund of the costs incurred if the information is found to be inaccurate or misleading.
- I understand that my responses to the above questions will be acted upon as I have directed and any alteration to this information made by me will need to be in writing.
- I understand that I consent to the transportation of my child by an ambulance service in the event of an emergency.
- I understand that all medical and transport costs are payable by myself and are my responsibility. I give consent for my child/children's medical and enrolment details to be released to the Ambulance Service and admitting hospital.

Your Permission:

I \_\_\_\_\_ (the undersigned)  
**have read all enrolment answers and conditions and agree to abide by them. I give permission for my children (as stated above) to attend YMCA South Australia OSHC and will not hold YMCA South Australia, its staff or volunteers responsible for damages and/or loss of property and/or accident.**

Date:

**SUBMIT FORM**